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By Carol Day at 8:29 am, Sep 10, 2014

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
104293	093.3590.034	09 03 14
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
7010 N HOLMES GLADSTONE		1640

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE

[x] STANDARD SUPPLIER GUTH LABS LOT # 1688116 EXP. DATE 06/04/2017

[ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

[x] CALIBRATION CHECK – **(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- [x] 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- [ ] 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- [ ] 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1	TEST 2	TEST 3
.103	.102	.102

[x] RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
2	2	1	3	1	1

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
Terrill Allen	TERRILL ALLEN
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
220258 09/13/14	(816) 436-3550

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

MO 580-1361 (6-10) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB-114

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 00044

Temp	Date	Time	9/ 210L
Air Blank:			
	09/03/14	16:47	.000
Calibration Check:			
21	09/03/14	16:47	.103

Subject Name

Subject I.D.

Operator Name, I.D.

J. Allen 8565

Location

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 00045

Temp	Date	Time	9/ 210L
Air Blank:			
	09/03/14	16:49	.000
Calibration Check:			
22	09/03/14	16:49	.102

Subject Name

Subject I.D.

Operator Name, I.D.

J. Allen 8565

Location

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 00046

Temp	Date	Time	9/ 210L
Air Blank:			
	09/03/14	16:51	.000
Calibration Check:			
23	09/03/14	16:51	.102

Subject Name

Subject I.D.

Operator Name, I.D.

J. Allen 8565

Location

AS IV Serial no: 104293
Version no: 532B

TEST RECORD 00047

Temp	Date	Time	9/ 210L
VOID: RFI			
12	09/03/14	16:52	

Subject Name

Subject I.D.

Operator Name, I.D.

J. Allen 8565

Location

State of Missouri
DEPARTMENT OF HEALTH

PERMIT
TYPE II

TERRILL D ALLEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air, issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/13/2012

Number 220258

Expires 09/13/2014

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-66)

MO 580-0771 (7-88)

DRYGAZ™
CALGAZ

CERTIFICATE OF ANALYSIS
EBS - ETHANOL BREATH STANDARD

GUTH LABORATORIES INC
590 NORTH 67TH STREET
HARRISBURG, PA 17111

INVOICE#: 55693667
PO#: 2030940
CUST. ITEM #: DG-U100-10
DATE: Jun. 11, 2014

METHOD OF ANALYSIS: IR Breath Alcohol Analyzer
ANALYTICAL ACCURACY: +/-0.002 BrAC or +/-2% whichever is greater.
CALGAZ LOT#: 1688116
ETHANOL IN NITROGEN

PRODUCT EXPIRATION: Jun. 04, 2017

COMPONENT	PPM	(BrAC)
ETHANOL	260.5	(0.100)
NITROGEN	BAL	

AVERAGE ANALYTICAL VALUE	PPM	(BrAC)
ETHANOL	261.8	(0.100)

REFERENCE STANDARD	CYLINDER	CONCENTRATION PPM
N.M.I. TRACEABLE STANDARDS*	5603479	208.4

* CERTIFICATION TRACEABLE TO National Metrology Institute of the Netherlands (V.S.L.) PRM ETHANOL STANDARDS

TRACEABILITY
Preparation:
Gas mixtures manufactured with balances calibrated by an ISO 17025 accredited company using NIST traceable weights and meets or exceeds the requirements of NIST Handbook 44.
Calibration test CG/01/09/14/DW01, CG/01/09/14/DW02, CG/01/09/14/DW03, or CG/01/09/14/DW04 dated, 9th January 2014 applies.

Analytical:
Analytical Instruments Calibrated Using NMI Traceable Standards.
Certification Numbers: 3222253-01, 3222399, 3222311, 3222450-01, 3222450-02, 3221852-04

No affecting environmental conditions during analysis.

*NMI is recognized by NIST through the Mutual Recognition Agreement (CIPM MRA).
CALGAZ calibration devices were found to meet all applicable requirements of the National Highway Traffic Safety Administration Model Specifications for calibrating units for breath alcohol testers.

MANUFACTURED DATE: Jun. 04, 2014

CALGAZ CYLINDER SIZE: 6D

APPROVED BY :

"We certify that all the cylinders for the Lot numbers identified herein are manufactured and tested within the requirements of CFR 49 part 178.65 and that physical and chemical test reports are on file and copies will be furnished upon request."