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By Carol Day at 1:23 pm, Apr 08, 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
105444	096. 3580. 865	04/02/15
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
7010 N HOLMES GLADSTONE		1550

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

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

[x] STANDARD SUPPLIER GUTH LABS LOT # 13210 EXP. DATE 07/29/15

[x] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD2253 SIMULATOR EXP DATE 02/26/15

[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
.099	.098	.098

[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)
4	0	0	0	1	3

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 580-1351 (6-10) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis LAB-114

GUTH LABORATORIES, INC.
590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%.**

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:
Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.
All balances are calibrated annually by an outside agency using NIST traceable weights.
Calibration verification is done prior to each use utilizing NIST traceable weights.

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00208

Temp	Date	Time	9/ 210L

Air Blank:
04/02/14 15:56 .000
Calibration Check:
22 04/02/14 15:56 .099

Subject Name

Subject I.D.

Operator Name, I.D.
J. Allen 8565

Location

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00210

Temp	Date	Time	9/ 210L

Air Blank:
04/02/14 15:59 .000
Calibration Check:
23 04/02/14 15:59 .098

Subject Name

Subject I.D.

Operator Name, I.D.
J. Allen 8565

Location

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00209

Temp	Date	Time	9/ 210L

Air Blank:
04/02/14 15:58 .000
Calibration Check:
22 04/02/14 15:58 .098

Subject Name

Subject I.D.

Operator Name, I.D.
J. Allen 8565

Location

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00211

Temp	Date	Time	9/ 210L

VOID: RFI
12 04/02/14 16:01

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

MO 580-0771 (7-88)

Lab. 4 (R7-88)

Corrected Copy

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MISSOURI DEPARTMENT O
STATE PUBLIC HEALTH LAB
BREATH ALCOHOL PROGR/

APPLICATION FOR TYI **H ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR
☐ NEW PERMIT ☒ RENEWAL

CU.

MPLETED PERMIT
ANNMO.ORG

PRINT FULL NAME
WILLIAM CLARK

J

AGE
40

SOCIAL SECURITY NUMBER
499-70-9123

ber is available at:
eathalcohol/

DEPARTMENT OR TROOP
ST ANN POLICE DE

TELEPHONE
(314) 427-8000

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
10405 MD-180 ST

LIST ALL ORIGINA ... COURSES FOR OPERATION OF BREATH ANALYZERS.
(Also, please be sure an ✓ is placed beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE AN ✓ BESIDE INSTRUMENTS FOR WHICH YOU ARE REQUESTING A PERMIT	NAME OF INSTRUCTOR
3/19-3/22 2012	ST ANN PD	32	AS IV w/ PRINTER	☑	Goodrich
				☐	
				☐	

IF THIS IS AN APPLICATION FOR A NEW PERMIT, INCLUDE A COPY OF APPLICANT'S EXAM

IF THIS IS A RENEWAL APPLICATION, AND/OR YOU ARE ADDING A NEW INSTRUMENT TO YOUR CURRENT PERMIT, READ THE FOLLOWING INSTRUCTIONS AND PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type III Permit, the applicant shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If this condition is not met or the permit has expired for more than thirty (30) days, the applicant shall complete a two (2) hour refresher-training course under the supervision of an individual with a valid Type II Permit. The refresher-training course shall include the performance of five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printouts for the self-administered tests shall accompany the renewal application.

NAME OF INSTRUMENT	NUMBER OF SUBJECT TESTS	NUMBER OF SELF-TESTS	REFRESHER TRAINING COMPLETE
1. AS IV w/ PRINTER	19	—	☐
2.			☐
3.			☐

SIGNATURE OF APPLICANT
▸ P.O. William Clark

DATE
4/22/2014

RECOMMENDATION OF SUPERVISOR TYPE II

I certify that WILLIAM CLARK (PRINT TYPE III APPLICANT FULL NAME) is qualified to operate the breath analyzer instrument(s) as requested in this application.

PRINT TYPE II APPLICANT FULL NAME
▸ Michael Goodrich

BUSINESS PHONE
314 427-8000

SIGNATURE OF TYPE II PERMITTEE
▸ Michael Goodrich

PERMIT NUMBER/EXPIRATION DATE
230092 05/28/2015

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

MO 580-0909 (2-11) EMAIL FOR M. Goodrich → mgoodrich@STANNMO.ORG LAB-5