



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:24 am, Apr 28, 2014

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 105443	PRINTER SN 099.3586.172	DATE OF INSPECTION 04/26/2014
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir. Raymore	TIME OF INSPECTION 4:14 pm
--	-------------------------------

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.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories, Inc. LOT # 14030 EXP. DATE 01/20/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2256 SIMULATOR EXP DATE 04/22/2015

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)

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 ➔ .102

TEST 2 ➔ .102

TEST 3 ➔ .101

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Instrument is operating within Department of Health Guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Joshua Giacone
---------------	------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 220343 10/10/2014	TELEPHONE NUMBER (816) 331-0530
--	------------------------------------

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



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 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: 105443
Version no: 532B

TEST RECORD 00156

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:
04/26/14 16:18 .000
Calibration Check:
23 04/26/14 16:18 .102

Subject Name

Maintenance

Subject I.D.

Giacone #91A

Operator Name, I.D.

Location

Raymore P.O.

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00157

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:
04/26/14 16:20 .000
Calibration Check:
24 04/26/14 16:20 .102

Subject Name

Maintenance

Subject I.D.

Giacone #91A

Operator Name, I.D.

Raymore P.O.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00158

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:
04/26/14 16:22 .000
Calibration Check:
25 04/26/14 16:22 .101

Subject Name

Maintenance

Subject I.D.

Giacone #91A

Operator Name, I.D.

Raymore P.O.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00159

Temp	Date	Time	s/	210L
------	------	------	----	------

VOID: RFI
12 04/26/14 16:24

Subject Name

Maintenance

Subject I.D.

Giacone #91A

Operator Name, I.D.

Raymore P.O.

Location

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JOSHUA GIACONE

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 10/10/2012

Number 220343

Expires 10/10/2014

Director of State Public Health Laboratory

Director, Department of Health



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19CSR 25-30.051 (4).

Checked: 4/22/2014 Expires: 04/22/2015
Digital Therm. SN:094948
MSC Tech:DRL Temp:33.97
Agency: Raymore Police Dept
SD 2256



Technician Printed Name:

DAN LUCAS

Technician Signature:

[Handwritten Signature]

Date:

04/22/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834