MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 2:29 pm, Jul 21, 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	PRINTER SN	DATE OF INSPECTION
105443	099.3586.172	07/20/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
100 Municipal Cir. Raymore	3:14 am

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 # 14030 EXP. DATE 01/20/2016

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

- [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 ☛ .104	TEST 2 ☛ .102	TEST 3 ☛ .103

- [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)
0	0	0	0	0	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 operating within Dept. of Health guidelines.

INSPECTING OFFICER

SIGNATURE	PRINT NAME
[signature]	Brent Worthley
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240222 - 04/30/2016	(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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 **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.

MSC
MISSOURI SAFETY CENTER
SINCE 1967

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

Missouri Safety Center

Technician Printed Name: DAN LUCAS

Technician Signature:

Date: 04/22/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II

BRENTON W WORTHLEY

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

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/30/2014

NUMBER 240222

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator WORTHLEY, BRENTON
Permit No 240222
Date Issued 4/30/2014 **Date Expires** 4/30/2016

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00315

Temp	Date	Time	s/ 210L
Air Blank:			
	07/20/14	03:14	.000
Calibration Check:			
22	07/20/14	03:14	.104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00317

Temp	Date	Time	s/ 210L
Air Blank:			
	07/20/14	03:17	.000
Calibration Check:			
24	07/20/14	03:17	.103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00316

Temp	Date	Time	s/ 210L
Air Blank:			
	07/20/14	03:16	.000
Calibration Check:			
23	07/20/14	03:16	.102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00318

Temp	Date	Time	s/ 210L
VOID: KFT			
12	07/20/14	03:18	

Subject Name

Subject I.D.

Operator Name, I.D.

Location