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By Carol Day at 11:21 am, Feb 11, 2014  
19 CSR 25-30 **CSK**



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 <b>105444</b>	PRINTER SN <b>096.3580.865</b>	DATE OF INSPECTION <b>02/02/2014</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>7010 N HOLMES</b>	TIME OF INSPECTION <b>1902</b>
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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 LABS**      LOT # **13210**      EXP. DATE **07/29/2015**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°C**      SIMULATOR SN **SD2253**      SIMULATOR EXP DATE **02/15/2014**

- 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 = <b>.099</b>	TEST 2 = <b>.099</b>	TEST 3 = <b>.098</b>
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- 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
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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 <i>TERRILL ALLEN</i> 8565	PRINT NAME <b>TERRILL ALLEN</b>
TYPE & PERMIT NUMBER/EXPIRATION DATE <b>820258 09/13/2014</b>	TELEPHONE NUMBER <b>(816) 436 3550</b>

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.

800 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

### 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 +/- 0.2°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: 185444  
Version no: 537B

TEST RECORD 00156

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/02/14 19:05 .000  
Calibration Check:  
20 02/02/14 19:05 .099

Subject Name

Subject I.D.

Operator Name, I.D.

*J. Celler 8365*

Location

*7010 N HOLMES*

AS IV Serial no: 185444  
Version no: 537B

TEST RECORD 00157

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/02/14 19:07 .000  
Calibration Check:  
21 02/02/14 19:07 .099

Subject Name

Subject I.D.

Operator Name, I.D.

*J. Celler 8365*

Location

*7010 N HOLMES*

AS IV Serial no: 185444  
Version no: 537B

TEST RECORD 00158

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/02/14 19:10 .000  
Calibration Check:  
22 02/02/14 19:10 .098

Subject Name

Subject I.D.

Operator Name, I.D.

*J. Celler 8365*

Location

*7010 N HOLMES*

AS IV Serial no: 185444  
Version no: 537B

TEST RECORD 00159

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 02/02/14 19:11

Subject Name

Subject I.D.

Operator Name, I.D.

*J. Celler 8365*

Location

*7010 N HOLMES*

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
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

MO 580-0771 (7-85)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)