REVIEWED
By Carol Day at 3:30 pm, Jul 11, 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	04/02/14 CD
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 502253 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 = .099	TEST 2 = .098	TEST 3 = .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 & 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
2876 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

GUTH LABORATORIES, INC.
800 NORTH 6th 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 Certiliant 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: 532D

TEST RECORD 00208

Temp	Date	Time	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: 532D

TEST RECORD 00210

Temp	Date	Time	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: 532D

TEST RECORD 00209

Temp	Date	Time	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: 532D

TEST RECORD 00211

Temp	Date	Time	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 (87-88)