



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check and when the instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 105446	PRINTER SN 099.3586.164	DATE OF INSPECTION 12/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum, Lone Jack		TIME OF INSPECTION 8:01 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.

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 # 14110 EXP. DATE 05/01/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN 094948 SIMULATOR EXP DATE 03/07/2015

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 \blackleftarrow .099 TEST 2 \blackleftarrow .098 TEST 3 \blackleftarrow .098

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>Tim Cosner</i>	PRINT NAME Tim Cosner
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230113 06-12-2015	TELEPHONE NUMBER (816) 697-2417
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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.

890 NORTH 87th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 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: 105446
Version no: 532B

TEST RECORD 00205

Temp Date Time ^{s/} 210L

Air Blank:
12/04/14 08:01 .000
Calibration Check:
26 12/04/14 08:01 .099

Subject Name

Subject I.D.

Tim Corner

Operator Name, I.D.

Location

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 00206

Temp Date Time ^{s/} 210L

Air Blank:
12/04/14 08:04 .000
Calibration Check:
27 12/04/14 08:04 .098

Subject Name

Subject I.D.

Tim Corner

Operator Name, I.D.

Location

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 00207

Temp Date Time ^{s/} 210L

Air Blank:
12/04/14 08:05 .000
Calibration Check:
27 12/04/14 08:05 .098

Subject Name

Subject I.D.

Tim Corner

Operator Name, I.D.

Location

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 00208

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/04/14 08:06

Subject Name

Subject I.D.

Tim Corner

Operator Name, I.D.

Location



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



PERMIT
TYPE II

TIMOTHY J COSNER JR

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and 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 air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 06/12/2013

NUMBER 230113

EXPIRES 06/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES