



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

RECEIVED
 By Carol Day at 9:50 am, Oct 15, 2014

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 105451	PRINTER SN 096.3580.925	DATE OF INSPECTION 10/14/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main St, Excelsior Springs, MO		TIME OF INSPECTION 12:50 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 LOT # 140300 EXP. DATE 01/20/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR5383 SIMULATOR EXP DATE 07/15/2015

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 .099 TEST 2 .098 TEST 3 .100

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	2	(0-.04)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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>[Signature]</i>	PRINT NAME Brian K Kennedy
TYPE II PERMIT NUMBER/EXPIRATION DATE 230073 / 04/26/2015	TELEPHONE NUMBER (816) 630-2000

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 87th 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 0.103 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.

CS IV Serial not 102410
Version not 5829

TEST RECORD - RPTIME

TEST RECORD 06351

Year Date Time 2160

Air Blank:
10/14/14 13:06 .000
Calibration Check:
25 10/14/14 13:06 .000

Subject Name
MONTHLY MAINT
Subject I.I.

Operator Name, I.I.
Sgt. R.K. Kennedy 911
Location
301 S MAIN ST
EX STAS, MO

CS IV Serial not 102410
Version not 5829

TEST RECORD 06352

Year Date Time 2160

Air Blank:
10/14/14 13:03 .000
Calibration Check:
25 10/14/14 13:03 .000

Subject Name
MONTHLY MAINT
Subject I.I.

Operator Name, I.I.
Sgt. R.K. Kennedy 911
Location
301 S MAIN ST
EX STAS, MO

CS IV Serial not 102410
Version not 5829

TEST RECORD 06353

Year Date Time 2160

Air Blank:
10/14/14 13:04 .000
Calibration Check:
25 10/14/14 13:04 .000

Subject Name
MONTHLY MAINT
Subject I.I.

Operator Name, I.I.
Sgt. R.K. Kennedy 911
Location
301 S MAIN ST
EX STAS, MO

CS IV Serial not 102410
Version not 5829

TEST RECORD 06354

Year Date Time 2160

Air Blank:
10/14/14 13:00

Subject Name
MONTHLY MAINT
Subject I.I.

Operator Name, I.I.
Sgt. R.K. Kennedy 911
Location
301 S MAIN ST
EX STAS, MO



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



PERMIT
 TYPE II

BRIAN K KENNEDY

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 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 04/26/2013

NUMBER 230073

EXPIRES 04/26/2015

MO 580-071 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES