



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

RECEIVED
 By Carol Day at 9:51 am, Dec 19, 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 12/17/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main St, Excelsior Springs, MO		TIME OF INSPECTION 9:30 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 LOT # 14200 EXP. DATE 08/05/2015

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 <input checked="" type="checkbox"/> .099	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .099
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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	2	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	0	(OVER .19)	1
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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).

SPECTING OFFICER

SIGNATURE 	PRINT NAME Brian K Kennedy
PERMIT NUMBER/EXPIRATION DATE 30073 / 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.

690 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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L $\pm 3\%$.

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 FNI22211-02 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.

Temp Date Time 2100

Blank
12/17/14 09:35 .000
Air Blank
12/17/14 09:35 .000

Subject Name
MONTHLY MAINT.
Subject I.D.

Operator Name, I.D.
- SGT KENNEDY 911

Location
1 S. MAIN

SPRINGFIELD, MO

AS IV Serial no: 160451
Version no: 532B

TEST RECORD PROC.
Temp Date Time 2100

Air Blank
12/17/14 09:35 .000
Calibration Check
20 12/17/14 09:35 .000

Subject Name
MONTHLY MAINT.
Subject I.D.

Operator Name, I.D.
SGT BK KENNEDY 911

Location
301 S MAIN

EX SPRINGFIELD, MO 65705

AS IV Serial no: 160451
Version no: 532B

TEST RECORD PROC.
Temp Date Time 2100

Air Blank
12/17/14 09:35 .000
Calibration Check
20 12/17/14 09:35 .000

Subject Name
MONTHLY MAINT.
Subject I.D.

Operator Name, I.D.
SGT BK KENNEDY

Location
301 S MAIN

EX SPRINGFIELD, MO 65705

AS IV Serial no: 160451
Version no: 532B

TEST RECORD PROC.
Temp Date Time 2100

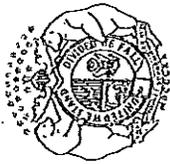
UNIT: RY
12 12/17/14 09:43

Subject Name
MONTHLY MAINT.
Subject I.D.

Operator Name, I.D.
SGT BK KENNEDY 911

Location
301 S MAIN

EX SPRINGFIELD, MO 65705



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

2

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

W. W. ...

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dal ...

Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PG-10)

MO 560-0771 (6-10)