



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

**RECEIVED**  
 By Carol Day at 12:19 pm, Apr 14, 2014

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>107973</b>	PRINTER SN <b>099.3586.816</b>	DATE OF INSPECTION <b>04/05/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>ST JOHN RD 8944 Hwy 180 ST JOHN MO 63114</b>		TIME OF INSPECTION <b>2028</b>

**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) **26°C**

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY **2028 04/05/14**

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **GUTH LABORATORIES** LOT # **13010** EXP. DATE **01/09/2015**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°C** SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

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>.102</b>	TEST 2 <b>.102</b>	TEST 3 <b>.101</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 **2** | (0-.04) **0** | (.05-.09) **1** | (.10-.14) **2** | (.15-.19) **1** | (OVER .19) **2**

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 <b>[Signature]</b>	PRINT NAME <b>[Signature]</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>230095 05/28/2015</b>	TELEPHONE NUMBER <b>(314) 427-8700</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.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 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 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: 107973  
Version no: 532B

TEST RECORD 00016

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

Air Blank:  
04/05/14 20:31 .000  
Calibration Check:  
26 04/05/14 20:31 .101

Subject Name

Simulator

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 Hwy 180

ST John Mo 63114

AS IV Serial no: 107973  
Version no: 532B

TEST RECORD 00015

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

Air Blank:  
04/05/14 20:30 .000  
Calibration Check:  
26 04/05/14 20:30 .102

Subject Name

Simulator

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 Hwy 180

ST John Mo 63114

AS IV Serial no: 107973  
Version no: 532B

TEST RECORD 00014

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

Air Blank:  
04/05/14 20:28 .000  
Calibration Check:  
26 04/05/14 20:28 .102

Subject Name

Simulator

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 Hwy 180

ST John Mo 63114

AS IV Serial no: 107973  
Version no: 532B

TEST RECORD 00017

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

VOID: RFI  
12 04/05/14 20:32

Subject Name

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 Hwy 180

ST John Mo 63114



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

2

**PERMIT  
TYPE II**

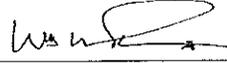
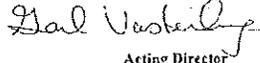
**VALERIE MANUELE**

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 05/28/2013  
NUMBER 230095  
EXPIRES 05/28/2015

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY  
  
\_\_\_\_\_  
Acting Director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES