



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

RECEIVED
 By Carol Day at 1:53 pm, May 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 <u>107973</u>	PRINTER SN <u>099.3586.816</u>	DATE OF INSPECTION <u>5/10/14</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>ST JOHN PD 8944 ST CHARLES RIVER ST JOHN MO 63114</u>		TIME OF INSPECTION <u>2123</u>

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) 24°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY 2123 05/10/14

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LABORATORIES LOT# 14030 EXP. DATE 1/20/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD3317 SIMULATOR EXP DATE 7/10/2014

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 <u>.099</u>	TEST 2 <u>.100</u>	TEST 3 <u>.101</u>
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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 <u>3</u>	(0-.04) <u>0</u>	(.05-.09) <u>1</u>	(.10-.14) <u>2</u>	(.15-.19) <u>0</u>	(OVER .19) <u>1</u>
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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 <u>Valerie Manuele</u>	PRINT NAME <u>VALERIE MANUELE</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230095 05/28/2015</u>	TELEPHONE NUMBER <u>(314) 427-8700</u>

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 67th 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 0.100 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 IU Serial no: 107973
Version no: 532B

TEST RECORD 00024

Temp Date Time ^{s/} 210L

Air Blank:
05/10/14 21:27 .000
Calibration Check:
25 05/10/14 21:27 .101

Subject Name

Simulator

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 ST CHARLES RIVER

ST JOHN MO 63114

AS IU Serial no: 107973
Version no: 532B

TEST RECORD 00023

Temp Date Time ^{s/} 210L

Air Blank:
05/10/14 21:25 .000
Calibration Check:
25 05/10/14 21:25 .100

Subject Name

Simulator

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 ST CHARLES RIVER

ST JOHN MO 63114

AS IU Serial no: 107973
Version no: 532B

TEST RECORD 00022

Temp Date Time ^{s/} 210L

Air Blank:
05/10/14 21:23 .000
Calibration Check:
24 05/10/14 21:23 .099

Subject Name

Simulator

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 ST CHARLES RIVER

ST JOHN MO 63114

AS IU Serial no: 107973
Version no: 532B

TEST RECORD 00025

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/10/14 21:29

Subject Name

Simulator

Subject I.D.

Operator Name, I.D.

Manuele 142

Location

8944 ST CHARLES RIVER

ST JOHN MO 63114



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

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**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