



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

**RECEIVED** REPORT #7  
 By Carol Day at 9:51 am, Feb 03, 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 107975	PRINTER SN 099.3586.829	DATE OF INSPECTION 01/28/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 203 N. 2nd St, Bates City		TIME OF INSPECTION 7:03 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 Laboratories, Inc LOT # 12100 EXP. DATE 07/18/2014

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2315 SIMULATOR EXP DATE 1/15/2015

- 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"/> .095	TEST 2 <input checked="" type="checkbox"/> .096	TEST 3 <input checked="" type="checkbox"/> .097
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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	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>Virginia DeBoard</i>	PRINT NAME Virginia DeBoard
TYPE II PERMIT NUMBER/EXPIRATION DATE 230032 2/19/2015	TELEPHONE NUMBER (816) 881-4617

**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

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD 00010

Temp	Date	Time	s/ 210L
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Air Blank:  
01/28/14 19:03 .000  
Calibration Check:  
24 01/28/14 19:03 .095

Subject Name

Subject I.D.

Operator Name, I.D.

*Virginia DeBoard #986*

Location

*203 N. 2nd St*

*Bates City MO 64011*

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD 00012

Temp	Date	Time	s/ 210L
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Air Blank:  
01/28/14 19:06 .000  
Calibration Check:  
24 01/28/14 19:06 .097

Subject Name

Subject I.D.

Operator Name, I.D.

*Virginia DeBoard #986*

Location

*203 N. 2nd St*

*Bates City MO 64011*

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD 00011

Temp	Date	Time	s/ 210L
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Air Blank:  
01/28/14 19:04 .000  
Calibration Check:  
24 01/28/14 19:04 .096

Subject Name

Subject I.D.

Operator Name, I.D.

*Virginia DeBoard #986*

Location

*203 N 2nd St*

*Bates City, MO 64011*

AS IV Serial no: 187975  
Version no: 532B

TEST RECORD 00013

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 01/28/14 19:07

Subject Name

Subject I.D.

Operator Name, I.D.

*Virginia DeBoard #986*

Location

*203 N 2nd St*

*Bates City MO 64011*



## 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 **12100** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 20, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 18, 2014** 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%**.

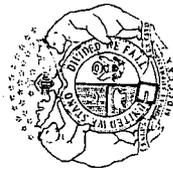
The alcohol and water used in this solution were free of test interfering substances.

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.*



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

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**PERMIT  
TYPE II**

**VIRGINIA DEBOARD**

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, INTOXILYZER 5000**

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 02/19/2013

NUMBER 230032

EXPIRES 02/19/2015

*W. S. ...*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Darl Vesterling*  
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES