



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

**RECEIVED**  
By Carol Day at 1:06 pm, May 07, 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 108392	PRINTER SN 099.3586.814	DATE OF INSPECTION 05/06/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 5490 5th Street, Cottleville, Missouri 63304		TIME OF INSPECTION 7:50 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 Laboratories, INC LOT # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34C SIMULATOR SN SD2588 SIMULATOR EXP DATE 01/29/2015

- 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 .093 TEST 2 .093 TEST 3 .094

- 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

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).

Nothing further.

**INSPECTING OFFICER**

SIGNATURE <i>Jamie E. Snodgrass</i> 440 Type II	PRINT NAME Jamie E. Snodgrass, 440
TYPE II PERMIT NUMBER/EXPIRATION DATE 280051/03-21-2015	TELEPHONE NUMBER (636) 498-6464

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: 717-584-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, 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 October 16, 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: 108392  
Version no: 532B

TEST RECORD 00019

Temp Date Time 210L

Air Blank:  
05/06/14 07:53 .000  
Subject Test: Auto  
24 05/06/14 07:53 .094

Subject Name

*Test 3*

Subject I.D.

Operator Name, I.D.

Location

*Cottleville P.D.*

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00018

Temp Date Time 210L

Air Blank:  
05/06/14 07:52 .000  
Subject Test: Auto  
24 05/06/14 07:52 .093

Subject Name

*Test 2*

Subject I.D.

Operator Name, I.D.

Location

*Cottleville P.D.*

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00017

Temp Date Time 210L

Air Blank:  
05/06/14 07:50 .000  
Subject Test: Auto  
23 05/06/14 07:50 .093

Subject Name

*Test 1*

Subject I.D.

Operator Name, I.D.

Location

*Cottleville P.D.*

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00020

Temp Date Time 210L

UOII: RT1  
12 05/06/14 07:54

Subject Name

*RT1 Test*

Subject I.D.

Operator Name, I.D.

Location

*Cottleville P.D.*



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIORS SERVICES  
 MISSOURI PROFESSIONAL BOARD



**PERMIT**  
 TYPE II

**PLATE NUMBER ASSY**

Subject of this permit is hereby authorized to practice the profession of **ALCOHOLIC BEVERAGE** in the State of Missouri.

**ALCOHOLIC BEVERAGE**

For the purpose of this permit, the applicant is hereby authorized to practice the profession of **ALCOHOLIC BEVERAGE** in the State of Missouri.

NAME **ROBERTS**

ADDRESS **2000 E**

CITY **ST. LOUIS**

STATE **MISSOURI**

*[Signature]*

**21 E. W. B. B.**

**ST. LOUIS, MISSOURI**

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