



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

**RECEIVED**  
 By Carol Day at 1:16 pm, Nov 24, 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 108392	PRINTER SN 098.3586.814	DATE OF INSPECTION 11/24/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 5490 5th Street, Cottleville, Missouri 63304		TIME OF INSPECTION 12:53 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 # 14200      EXP. DATE 08/05/2016

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 <input checked="" type="checkbox"/> .094	TEST 2 <input checked="" type="checkbox"/> .094	TEST 3 <input checked="" type="checkbox"/> .095
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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)	0	(.10-.14)	1	(.15-.19)	2	(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).  
 Nothing further.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Jamie E. Snodgrass</i> 440	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.**

890 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • 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°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 Certified 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: 100392  
Version no: 532B

TEST RECORD 00077

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
11/24/14 12:56 .000  
Calibration Check:  
20 11/24/14 12:56 .094

Subject Name

*Test 2*

Subject I.D.

Operator Name, I.D.

*J. Snodgrass, 440*

Location

*Cottleville P.D.*

AS IV Serial no: 100392  
Version no: 532B

TEST RECORD 00078

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
11/24/14 12:58 .000  
Calibration Check:  
21 11/24/14 12:58 .095

Subject Name

*Test 3*

Subject I.D.

Operator Name, I.D.

*J. Snodgrass, 440*

Location

*Cottleville P.D.*

AS IV Serial no: 100392  
Version no: 532B

TEST RECORD 00079

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 11/24/14 12:59

Subject Name

*RFI Test*

Subject I.D.

Operator Name, I.D.

*J. Snodgrass, 440*

Location

*Cottleville P.D.*

AS IV Serial no: 100392  
Version no: 532B

TEST RECORD 00076

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
11/24/14 12:53 .000  
Calibration Check:  
19 11/24/14 12:53 .094

Subject Name

*Test 1*

Subject I.D.

Operator Name, I.D.

*J. Snodgrass, 440*

Location

*Cottleville P.D.*



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

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**PERMIT**  
**TYPE II**

**JAMIE E. SNODGRASS**

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 208.111 through 208.119 RSMo.

DATE 03/21/2013

NUMBER 230051

EXPIRES 03/21/2015

*W. H. ...*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David Vandenbyg*  
 Acting Director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES