



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

RECEIVED
 By Carol Day at 12:00 pm, Jan 23, 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 108393	St. Louis County Police Department	PRINTER SN 099.3586.801	DATE OF INSPECTION 01.16.2014
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LOCATION OF INSTRUMENT (STREET AND CITY) Modot T.M.C. - 14501 South over 40 Road Town + Country, Mo 63017	TIME OF INSPECTION 15:31
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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) **19°C**

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **Guth Labs** LOT # **13210** EXP. DATE **07.29.2015**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°C** SIMULATOR SN **SD2689** SIMULATOR EXP DATE **07.10.2014**

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 • **.098**

TEST 2 • **.099**

TEST 3 • **.099**

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-.04) — | (.05-.09) — | (.10-.14) — | (.15-.19) — | (OVER .19) —

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).

New unit placed into service

INSPECTING OFFICER

SIGNATURE
[Signature]

PRINT NAME
Officer D. Rose, DSN 2721

TYPE II PERMIT NUMBER/EXPIRATION DATE
230253 / 11.12.2015

TELEPHONE NUMBER
(314) 899 2541

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

Version no: 532B

TEST RECORD 00011

Temp	Date	Time	s/ 210L
Air Blank:			
	01/16/14	15:31	.000
Calibration Check:			
19	01/16/14	15:31	.098

Air Blank:

01/16/14 15:31 .000

Calibration Check:

19 01/16/14 15:31 .098

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.

AS IV Serial no: 108393
Version no: 532B

TEST RECORD 00012

Temp	Date	Time	s/ 210L
Air Blank:			
	01/16/14	15:32	.000
Calibration Check:			
20	01/16/14	15:32	.099

Air Blank:

01/16/14 15:32 .000

Calibration Check:

20 01/16/14 15:32 .099

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.

AS IV Serial no: 108393
Version no: 532B

TEST RECORD 00013

Temp	Date	Time	s/ 210L
Air Blank:			
	01/16/14	15:35	.000
Calibration Check:			
21	01/16/14	15:35	.099

Air Blank:

01/16/14 15:35 .000

Calibration Check:

21 01/16/14 15:35 .099

Subject Name

N/A

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.

AS IV Serial no: 108393
Version no: 532B

TEST RECORD 00014

Temp	Date	Time	s/ 210L
VOID: RFI			
	01/16/14	15:36	

VOID: RFI

12 01/16/14 15:36

Subject Name

RFI Test

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.

AS IV Serial no: 108393
Version no: 532B

TEST RECORD 00015

Temp	Date	Time	s/ 210L
Air Blank:			
	01/16/14	15:38	.000
Subject Test: Auto			
	01/16/14	15:38	.000

Air Blank:

01/16/14 15:38 .000

Subject Test: Auto

23 01/16/14 15:38 .000

Subject Name

SCIA Test

Subject I.D.

N/A

Operator Name, I.D.

ROSC 2721

Location

MODOT T.M.C.



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 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.



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



**PERMIT
TYPE II**

DAVID M ROSE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT, 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 306.118 RSMo.

DATE 11/12/2013

NUMBER 230253

EXPIRES 11/12/2015

MO:880:0771(0-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)