



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 2:38 pm, Oct 23, 2015

Complete this report in duplicate at the time of the regular monthly preventative maintenance. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 035714	PRINTER SN 092.3576.249	DATE OF INSPECTION 10/17/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 203 Veterans Memorial Pkwy Wright City		TIME OF INSPECTION 4:14 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 LOT # 15050 EXP. DATE 03/09/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2745 SIMULATOR EXP DATE 04/22/2016

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  .104

TEST 2  .104

TEST 3  .104

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 *[Signature]* 128

PRINT NAME  
J Poole 128

TYPE II PERMIT NUMBER/EXPIRATION DATE  
250092 05/11/2017

TELEPHONE NUMBER  
(636) 745-3541

**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: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **15050** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 11, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 9, 2017** 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 FN08051301 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

2

**PERMIT  
TYPE II**

**JEANNETTE POOLE**

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 WITH 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 5/11/2015

NUMBER 250092

EXPIRES 5/11/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 540-07.01 (6-13)

LAE-1 (R5-15)



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

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator POOLE, JEANNETTE  
Permit No 250092  
Date Issued 5/11/2015 Date Expires 5/11/2017

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00400

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

Air Blank:  
10/17/15 16:14 .000  
Calibration Check:  
23 10/17/15 16:14 .104

Subject Name

TEST1

Subject I.D.

*JML 128*

Operator Name, I.D.

Location

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00401

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

Air Blank:  
10/17/15 16:16 .000  
Calibration Check:  
24 10/17/15 16:16 .104

Subject Name

TEST2

Subject I.D.

*JML 128*

Operator Name, I.D.

Location

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00402

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

Air Blank:  
10/17/15 16:17 .000  
Calibration Check:  
24 10/17/15 16:17 .104

Subject Name

TEST3

Subject I.D.

*JML 128*

Operator Name, I.D.

Location

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00403

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

Air Blank:  
10/17/15 16:19 .000  
Subject Test: Auto  
25 10/17/15 16:19 .000

Subject Name

BLANK

Subject I.D.

*JML 128*

Operator Name, I.D.

Location

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00404

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

VOID: RFI  
12 10/17/15 16:21

Subject Name

RFI

Subject I.D.

*JML 128*

Operator Name, I.D.

Location