



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

RECEIVED

REPORT #7

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

By Carol Day at 7:24 pm, Dec 05, 2015

ALCO SENSOR IV SN 062093	PRINTER SN 093.3563.014	DATE OF INSPECTION 11/26/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 1001 Heroes Way Sugar Creek, MO.		TIME OF INSPECTION 11:11 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 SD3136 SIMULATOR EXP DATE 07/10/2016

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 ✶ .099 TEST 2 ✶ .099 TEST 3 ✶ .100

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	3	(0-.04)	1	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 *Stephen C. Myers*

PRINT NAME
Stephen C. Myers

TYPE II PERMIT NUMBER/EXPIRATION DATE
250210 / 10/01/2017

TELEPHONE NUMBER
(816) 252-7058

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 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.

882493
882493
Serial no: 882493
Version no: 5076

TEST RECORD - RRRHHH

TEST RECORD 88476

Year Date Time ^{w/} 2100

Mr Blank
11/26/15 22:11 .808
Calibration Check
11/26/15 22:11 .809

Subject Name

Subject I.D.

Operator Name, I.D.

Stephen Myers 912
Location

1001 Heroes Way

Sugar Creek MO

882493
882493
Serial no: 882493
Version no: 5076

TEST RECORD 88478

Year Date Time ^{w/} 2100

Mr Blank
11/26/15 22:11 .808
Calibration Check
11/26/15 22:11 .809

Subject Name

Subject I.D.

Operator Name, I.D.

Stephen Myers
Location

1001 Heroes Way

Sugar Creek MO

88477
88477
Serial no: 88477
Version no: 5076

TEST RECORD 88477

Year Date Time ^{w/} 2100

Mr Blank
11/26/15 22:14 .808
Calibration Check
11/26/15 22:14 .809

Subject Name

Subject I.D.

Operator Name, I.D.

Stephen Myers
Location

1001 Heroes Way

Sugar Creek MO

88479
88479
Serial no: 88479
Version no: 5076

TEST RECORD 88479

Year Date Time ^{w/} 2100

WFD: RT
12 11/26/15 22:18

Subject Name

Subject I.D.

Operator Name, I.D.

Stephen Myers
Location

1001 Heroes Way

Sugar Creek MO



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



**PERMIT
TYPE II**

STEPHEN C MYERS

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 10/1/2015

NUMBER 250210

EXPIRES 10/1/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 689-0771 (6-10)

LAB-1 (16-10)



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 MYERS, STEPHEN
Permit No 250210
Date Issued 10/1/2015 Date Expires 10/1/2017