



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

**RECEIVED**  
 By Carol Day at 10:16 am, Apr 29, 2015

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<br>097419                                    | PRINTER SN<br>096.3580.861 | DATE OF INSPECTION<br>04/24/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>301 S Main Palmyra |                            | TIME OF INSPECTION<br>12:32 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 # 14110 EXP. DATE 05/01/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR5308 SIMULATOR EXP DATE 07/14/2015

- 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  .096 | TEST 2  .097 | TEST 3  .098 |
|--------------|--------------|--------------|

- 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).

Replaced battery in ASIV  
 Sent printer in to Intoximeters to replace battery and check charging. Keypad membrane replaced.

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT NAME<br>Ronald C. Peer, Jr.  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>240306/07-22-2016 | TELEPHONE NUMBER<br>(573) 769-5540 |

**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

AS IV Serial no: 097419  
Version no: 532B

TEST RECORD 00131

Temp Date Time 210L

Air Blank:  
04/24/15 12:32 .000  
Calibration Check:  
20 04/24/15 12:32 .096

Subject Name  
*CALIBRATION CHECK*  
Subject I.D.

Operator Name, I.D.  
*Ronald Chey #501*  
Location  
*Pacmyra PD*

AS IV Serial no: 097419  
Version no: 532B

TEST RECORD 00132

Temp Date Time 210L

Air Blank:  
04/24/15 12:33 .000  
Calibration Check:  
21 04/24/15 12:33 .097

Subject Name  
*CALIBRATION CHECK*  
Subject I.D.

Operator Name, I.D.  
*Ronald Chey #501*  
Location  
*Pacmyra PD*

AS IV Serial no: 097419  
Version no: 532B

TEST RECORD 00133

Temp Date Time 210L

Air Blank:  
04/24/15 12:35 .000  
Calibration Check:  
22 04/24/15 12:35 .098

Subject Name  
*CALIBRATION CHECK*  
Subject I.D.

Operator Name, I.D.  
*Ronald Chey #501*  
Location  
*Pacmyra PD*

AS IV Serial no: 097419  
Version no: 532B

TEST RECORD 00134

Temp Date Time 210L

VOID: RFI  
12 04/24/15 12:36

Subject Name  
*Ronald Chey RFI TEST*  
Subject I.D.

Operator Name, I.D.  
*Ronald Chey #501*  
Location  
*Pacmyra PD*



**GUTH LABORATORIES, INC.**

598 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 14110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 5, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is May 1, 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 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

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**PERMIT**  
**TYPE II**  
**RONALD C PEER**

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**

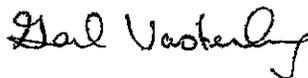
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/22/2014

NUMBER 240306

EXPIRES 7/22/2016

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
\_\_\_\_\_  
**acting director**  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 690-0771 (2-10)

LAB-4 (06-10)

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.*

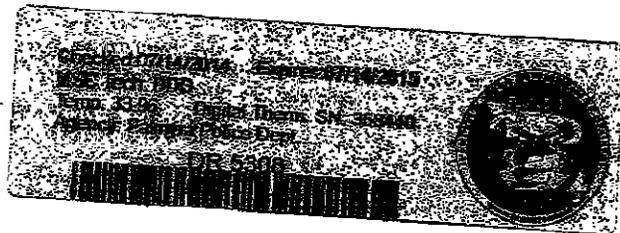


Operator PEER, RONALD  
Permit No 240306  
Date Issued 7/22/2014 Date Expires 7/22/2016



## Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19 CSR 25-30.051 (4).



Technician Printed Name: DONALD D. DEBOARD

Technician Signature: Donald D. DeBoard

Date: 07/14/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834