



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED

By Carol Day at 11:22 am, Aug 24, 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 097460	PRINTER SN 096.3580.957	DATE OF INSPECTION 08/21/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 5434 S. Tower Drive, Battlefield, Missouri 65619	TIME OF INSPECTION 7:56 pm
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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)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2251 SIMULATOR EXP DATE 08/12/2016

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 → .100

TEST 2 → .100

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	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).

New Instrument being placed into service.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Ronald M Payne
TYPE II PERMIT NUMBER/EXPIRATION DATE 250192/ 08-18-2017	TELEPHONE NUMBER (417) 890-9876

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 **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 29, 2017** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L** $\pm 3\%$.

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.



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AS IV Serial no: 097460
Version no: 532B

TEST RECORD 00084

Temp Date Time ^{s/} 210L

Air Blank:
08/21/15 20:01 .000
Subject Test: Auto
24 08/21/15 20:01 .000

Subject Name

Blank Test

Subject I.D.

Operator Name, I.D.

A. Payne / 1908

Location

Battlefield P.D.

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 00085

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/21/15 20:02

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

A. Payne / 1908

Location

Battlefield P.D.

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 00081

Temp Date Time ^{s/} 210L

Air Blank:
08/21/15 19:55 .000
Calibration Check:
24 08/21/15 19:55 .100

Subject Name

ACC

Subject I.D.

Operator Name, I.D.

A. Payne / 1908

Location

Battlefield P.D.

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 00082

Temp Date Time ^{s/} 210L

Air Blank:
08/21/15 19:57 .000
Calibration Check:
24 08/21/15 19:57 .100

Subject Name

ACC

Subject I.D.

Operator Name, I.D.

A. Payne / 1908

Location

Battlefield P.D.



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



PERMIT
TYPE II
RONALD M PAYNE

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 8/18/2015

NUMBER 250192

EXPIRES 8/18/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 PAYNE, RONALD
Permit No 250192
Date Issued 8/18/2015 **Date Expires** 8/18/2017

RECEIVED

By Carol Day at 9:31 am, Aug 13, 2015

APPROVED

By Brian Lutmer at 4:07 pm, Aug 14, 2015



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR NEW PERMIT RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: *Ronald M Payne* TITLE: *Officer* AGE: *39*

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: *Battlefield Police Dept.* TELEPHONE: *417-890-9876*

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): *5434 S. Tower Drive Battlefield, MO 65619*

EMAIL ADDRESS: *Payne1609@hotmail.com*

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
<i>8-12-15</i>	<i>UCMO/MSL</i>	<i>8</i>	<i>Alco-Sensor IV w/Printer</i>	<input checked="" type="checkbox"/>	<i>welch</i>
<i>3-14-16-05</i>	<i>UCMO/MSL</i>	<i>44</i>	<i>DataMaster</i>	<input type="checkbox"/>	<i>welch</i>
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year. OK BML

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
<i>ALCO-SENSOR IV W/ PRINTER</i>	<i>10 MR'S OK BML</i>	<i>10 SELF-TESTS OK BML</i>

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: *Ronald M Payne* DATE: *8-17-15*

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901