



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 2:01 pm, Sep 08, 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 145408	PRINTER SN 096.3580.960	DATE OF INSPECTION 08/24/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) MSHP ZONE 4 OFFICE, BRANSON, MO	TIME OF INSPECTION 8:39 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 # 13280 EXP. DATE 10/16/2015

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN MP2423 SIMULATOR EXP DATE \_\_\_\_\_

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  $\bullet$  .103

TEST 2  $\bullet$  .103

TEST 3  $\bullet$  .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-.04)	(.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

Cpt. T.A. Hadlock

PRINT NAME

T.A. HADLOCK

TYPE II PERMIT NUMBER/EXPIRATION DATE

240054 03/07/2016

TELEPHONE NUMBER

(417) 895-6868

**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 13280 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is October 16, 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

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PERMIT  
 TYPE II

TODD A HADLOCK

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 306.115 RSMo.

DATE 3/7/2014

NUMBER 240054

EXPIRES 3/7/2016

MO 5800721 (6-10)

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HADLOCK, TODD  
 Permit No 240054  
 Date Issued 3/7/2014 Date Expires 3/7/2016

AS IV Serial no: 097462  
Version no: 532B

TEST RECORD 00082

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
08/24/15 20:42 .000  
Calibration Check:  
23 08/24/15 20:42 .104

Subject Name

Subject I.D.

Operator Name, I.D.

T.A. Hadlock "789

Location

ZONE 4 OFFICE

AS IV Serial no: 097462  
Version no: 532B

TEST RECORD 00081

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
08/24/15 20:41 .000  
Calibration Check:  
23 08/24/15 20:41 .103

Subject Name

Subject I.D.

Operator Name, I.D.

T.A. Hadlock "789

Location

ZONE 4 OFFICE

AS IV Serial no: 097462  
Version no: 532B

TEST RECORD 00080

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
08/24/15 20:39 .000  
Calibration Check:  
22 08/24/15 20:39 .103

Subject Name

Subject I.D.

Operator Name, I.D.

T.A. Hadlock "789

Location

ZONE 4 OFFICE

AS IV Serial no: 097462  
Version no: 532B

TEST RECORD 00083

Temp Date Time <sup>9/</sup> 210L

WDD: FFI  
12 08/24/15 20:43

Subject Name

Subject I.D.

Operator Name, I.D.

T.A. Hadlock "789

Location

ZONE 4 OFFICE