



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

REPORT #7

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 099362	PRINTER SN 097.3584.337	DATE OF INSPECTION 12/28/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 709 W. MAIN ST., GREENWOOD		TIME OF INSPECTION 1:44 am

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 LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2285 SIMULATOR EXP DATE 01/07/2016

- 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 .102 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

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 	PRINT NAME CHRISTOPHER HEIN
TYPE II PERMIT NUMBER/EXPIRATION DATE 250231/ 10-30-2017	TELEPHONE NUMBER (816) 537-5020

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 IU Serial no: 099362
Version no: 532B

TEST RECORD 00330

Temp Date Time 210L ^{9/}
Air Blank: 12/28/15 01:44 .000
Calibration Check: 21 12/28/15 01:44 .102

Subject Name Test #1
Subject I.D. _____
Operator Name, I.D. Gl. Hein
Location GPD

AS IU Serial no: 099362
Version no: 532B

TEST RECORD 00331

Temp Date Time 210L ^{9/}
Air Blank: 12/28/15 01:50 .000
Calibration Check: 22 12/28/15 01:50 .100

Subject Name Test #2
Subject I.D. _____
Operator Name, I.D. Gl. Hein
Location GPD

AS IU Serial no: 099362
Version no: 532B

TEST RECORD 00332

Temp Date Time 210L ^{9/}
Air Blank: 12/28/15 01:56 .000
Calibration Check: 23 12/28/15 01:56 .100

Subject Name Test #3
Subject I.D. _____
Operator Name, I.D. Gl. Hein
Location GPD

AS IU Serial no: 099362
Version no: 532B

TEST RECORD 00333

Temp Date Time 210L ^{9/}
W01D: RFI 12 12/28/15 01:57

Subject Name Test RFF
Subject I.D. _____
Operator Name, I.D. Gl. Hein
Location GPD



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

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PERMIT
TYPE II
CHRISTOPHER HEIN

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 10/30/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250231

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/30/2017

MO 380-0771 (6-10)

LAB-4 (R6-10)

 **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 HEIN, CHRISTOPHER
 Permit No 250231
 Date Issued 10/30/2015 Date Expires 10/30/2017



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.



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).

Checked: 01/07/2015 Expires: 01/07/2016
Digital Therm. SN:093767
MSC Tech:DRL Temp:34.02
Agency: Greenwood Police Dept.
SD 2285



Technician Printed Name: DAN LUCAS

Technician Signature: [Handwritten Signature]

Date: 01/07/2015

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834