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 1:52 pm, Mar 27, 2015

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and w[illegible] instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
099365	097.3584.346	03/21/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
147 North Main St. Laurie,MO 65038	11:20 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 LOT # 14030 EXP. DATE 01/20/2016

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN DR6929 SIMULATOR EXP DATE 08/14/2015

☑ 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 ☛ .100	TEST 2 ☛ .099	TEST 3 ☛ .099

☑ 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)
0	0	0	0	0	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).

Instrument was calibrated on 03/21/2015 @ 23:17

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸ 311	Scott DeWayne Craig
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
250048 02/20/2017	(573) 374-4871

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

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 **14030** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2014,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 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.

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00215

Temp	Date	Time	9/ 210L

Air Blank:
03/21/15 22:17 .000
Calibration:
23 03/21/15 22:17 .100

Subject Name
Calibration
Subject I.D.

Operator Name, I.D.
Scott Craig 250048
Location
147 ~~S~~ N Main
Laurie, MO

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00216

Temp	Date	Time	9/ 210L

Air Blank:
03/21/15 22:19 .000
Calibration Check:
24 03/21/15 22:19 .100

Subject Name
Calibration Check 1
Subject I.D.

Operator Name, I.D.
Scott Craig 250048
Location
147 ~~S~~ N. Main
Laurie, MO

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00217

Temp	Date	Time	9/ 210L

Air Blank:
03/21/15 22:20 .000
Calibration Check:
24 03/21/15 22:20 .099

Subject Name
Calibration Check 2
Subject I.D.

Operator Name, I.D.
Scott Craig 250048
Location
147 ~~S~~ N Main
Laurie, MO

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00218

Temp	Date	Time	9/ 210L

Air Blank:
03/21/15 22:22 .000
Calibration Check:
25 03/21/15 22:22 .099

Subject Name
Calibration Check 3
Subject I.D.

Operator Name, I.D.
Scott Craig 250048
Location
147 ~~S~~ N. Main
Laurie, MO

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00219

Temp	Date	Time	9/ 210L

VOID: KTJ
12 03/21/15 22:23

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.
Scott Craig 250048
Location
147 ~~S~~ N Main
Laurie, MO

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00220

Temp	Date	Time	9/ 210L

Air Blank:
03/21/15 22:24 .000
Subject Test: Auto
25 03/21/15 22:24 .000

Subject Name
Blank Test
Subject I.D.

Operator Name, I.D.
Scott Craig 250048
Location
147 ~~S~~ N. Main
Laurie, MO

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

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PERMIT
TYPE II
SCOTT D CRAIG

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 2/20/2015

NUMBER 250048

EXPIRES 2/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 CRAIG, SCOTT
Permit No 250048
Date Issued 2/20/2015 Date Expires 2/20/2017