



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. Send copy to Department of Health and Senior Services; retain original in department file.

RECEIVED
 By Carol Day at 2:02 pm, Aug 25, 2015

| | | |
|-----------------------------|---------------------------|----------------------------------|
| ALCO SENSOR IV SN 099365 | PRINTER SN 097.3584346 | DATE OF INSPECTION 08/19/2015 |
|-----------------------------|---------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 147 S. Main St. Laurie, MO 65038 | TIME OF INSPECTION 7:06 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, Inc. LOT # 14030 EXP. DATE 01/20/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIMULATOR SN MP2497 SIMULATOR EXP DATE 07/01/2016

- 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 → 0.101 | TEST 2 → 0.100 | TEST 3 → 0.101 |
|----------------|----------------|----------------|

- 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) | 1 | (.10-.14) | 1 | (.15-.19) | 1 | (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).

On 07/25/2015, at 15:24 I replaced the battery in the AS-IV and the paper roll in printer. S. Craig311

| | |
|---|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE 311 | PRINT NAME Scott DeWayne Craig |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 250048 | TELEPHONE NUMBER (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

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00358

Temp Date Time ^{g/} 210L

VOID: RFI
12 08/19/15 19:08

Subject Name

Monthly Check

Subject I.D.

RFI Test

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main St.

Laurie, MO 65038

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00359

Temp Date Time ^{g/} 210L

Air Blank:
08/19/15 19:09 .000
Subject Test: Auto
21 08/19/15 19:09 .000

Subject Name

Monthly Check

Subject I.D.

Blank Test

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main St.

Laurie, MO 65038

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00360

Temp Date Time ^{g/} 210L

Air Blank:
08/19/15 19:11 .000
Calibration Check:
22 08/19/15 19:11 .101

Subject Name

Monthly Check

Subject I.D.

Accuracy Test #1

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main St.

Laurie, MO 65038

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00361

Temp Date Time ^{g/} 210L

Air Blank:
08/19/15 19:13 .000
Calibration Check:
23 08/19/15 19:13 .100

Subject Name

Monthly Check

Subject I.D.

Accuracy Test #2

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main St.

Laurie, MO 65038

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 00362

Temp Date Time ^{g/} 210L

Air Blank:
08/19/15 19:14 .000
Calibration Check:
23 08/19/15 19:14 .101

Subject Name

Monthly Check

Subject I.D.

Accuracy Test #3

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main St.

Laurie, MO 65038



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.



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

2

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

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (18-10)

MO 660-0771 (8-10)

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**