



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 12:28 pm, May 12, 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 <i>102466</i>	PRINTER SN <i>079.3418-057</i>	DATE OF INSPECTION <i>8 May 2015</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>106 Progress Drive Sullivan MO 63080</i>		TIME OF INSPECTION <i>10:00</i>

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) *23°C*

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER *Guth Labs* LOT # *14220* EXP. DATE *09/24/16*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34°C* SIMULATOR SN *S03322* SIMULATOR EXP DATE *2/23/16*

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 <i>.097%</i>	TEST 2 <i>.097%</i>	TEST 3 <i>.097%</i>
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RFI DETECTOR OPERATING *Passed*

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <i>1</i>	(0-.04) <i>0</i>	(.05-.09) <i>3</i>	(.10-.14) <i>0</i>	(.15-.19) <i>3</i>	(OVER .19) <i>0</i>
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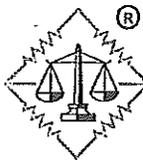
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument is operating within D.O.H. specifications

INSPECTING OFFICER

SIGNATURE <i>Gregory A. West</i>	PRINT NAME <i>Gregory A. West</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230109 06/04/15</i>	TELEPHONE NUMBER <i>573-468-8001</i>

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: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, 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 September 24, 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 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.

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00153

Temp Date Time 210L s/

VOID: RFI
12 05/08/15 10:18

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00152

Temp Date Time 210L s/

Air Blank:
05/08/15 10:15 .000
Calibration Check:
23 05/08/15 10:15 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00151

Temp Date Time 210L s/

Air Blank:
05/08/15 10:10 .000
Calibration Check:
23 05/08/15 10:10 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00150

Temp Date Time 210L s/

Air Blank:
05/08/15 10:07 .000
Calibration Check:
23 05/08/15 10:07 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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



**PERMIT
TYPE II**

GREGORY A WEST

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 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 306.119 RSMo.

DATE 06/04/2013

NUMBER 230109

EXPIRES 06/04/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paul Westbrook
Acting Director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES