



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

RECEIVED never instrument is repaired.
By Carol Day at 8:15 am, May 13, 2015

| | | |
|-----------------------------|----------------------------|----------------------------------|
| ALCO SENSOR IV SN 102472 | PRINTER SN 08c.3556.272 | DATE OF INSPECTION 04/30/2015 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 1010 North Boonville, Avenue Avenue | TIME OF INSPECTION 5:10 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

| | |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
|--|---|

| | | |
|--|--------------------|-----------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> | LOT # <u>14220</u> | EXP. DATE <u>09/24/2016</u> |
|--|--------------------|-----------------------------|

| | | |
|--|----------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u> | SIMULATOR SN <u>SD2219</u> | SIMULATOR EXP DATE <u>01/12/2016</u> |
|--|----------------------------|--------------------------------------|

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 .099 | TEST 2 .099 | 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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|----------|---------|-----------|-----------|-----------|------------|

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 found to be operating within D.O.H. specifications

INSPECTING OFFICER

| | |
|---------------|-----------------------------|
| SIGNATURE | PRINT NAME Roger Stewart |
|---------------|-----------------------------|

| | |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE 250035/01/20/2017 | TELEPHONE NUMBER (417) 829-6487 |
|--|------------------------------------|

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



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

2

**PERMIT
 TYPE II**

ROGER A STEWART

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, INTOX EC/IR II

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 1/20/2015

NUMBER 250035

EXPIRES 1/20/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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 STEWART, ROGER
 Permit No 250035
 Date Issued 1/20/2015 Date Expires 1/20/2017



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 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 TU Serial not 102472
Version not 5070

TEST REPORT 00441

Temp Date Time 210L

Air Driest
04/08/15 17:12 .000
Calibration Check:
29 04/08/15 17:12 .899

Subject Name

TEST 2

Subject I.D.
STEWART, Roger A

Operator Name: T.J.

250035 / 1-20-2017

Location

BCSO

AS TU Serial not 102472
Version not 5070

TEST REPORT 00442

Temp Date Time 210L

Air Driest
04/08/15 17:14 .000
Calibration Check:
36 04/08/15 17:14 .100

Subject Name

TEST 3

Subject I.D.
STEWART, ROGER A

Operator Name: T.J.

250035 / 1-20-2017

Location

BCSO

AS TU Serial not 102472
Version not 5070

TEST REPORT 00440

Temp Date Time 210L

Air Driest
04/08/15 17:10 .000
Calibration Check:
29 04/08/15 17:10 .899

Subject Name

TEST 1

Subject I.D.
STEWART, Roger A

Operator Name: T.J.

250035 / 1-20-2017

Location

BCSO

CSI ID Serial no: 102472
Revision no: 5070

TIME REPORT 00443

Time Date Time 2101

UNIT: FBI
12 04/08/10 17:10

Subject Name:

RFI

Officer Name: T.O.
STEWART ROYER A

Officer No: T.O.
250035 / 1-20-2017

Time: 1 1

CCSO