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 8:43 am, Dec 28, 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 office.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
105443	099.3586.172	12/20/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
100 Municipal Cir. Raymore	9:50 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 Labs LOT # 15220 EXP. DATE 09/28/2017

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2256 SIMULATOR EXP DATE 07/21/2016

☑ 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 ☛ .100	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-.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).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸ [signature]	Brent Worthley
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240222 04/30/2016	(816) 331-0530

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 **15220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 30, 2015,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 28, 2017** 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.

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Gail Vasterling
Director

Jeremiah W. (Jay) Nixon
Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Raymore Police Department
Serial Number: SD2256
Manufacturer: Guth
Model Number: 10-4D

CALIBRATION RESULTS

Reference Temperature	Simulator Temperature
33.99	34.0

This calibration was performed with NIST-Traceable Thermometer SN: 093752

This simulator was tested by: DRL

This testing was performed: 07/21/2015

Signature of certifying DHSS Scientist:

Name of certifying DHSS Scientist: Brian M. Lutmer

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

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PERMIT
TYPE II

BRENTON W WORTHLEY

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 4/30/2014

NUMBER 240222

EXPIRES 4/30/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 WORTHLEY, BRENTON
Permit No 240222
Date Issued 4/30/2014 **Date Expires** 4/30/2016

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00475

Temp	Date	Time	s/ 210L
Air Blank:			
	12/20/15	09:54	.000
Calibration Check:			
22	12/20/15	09:54	.100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00476

Temp	Date	Time	s/ 210L
Air Blank:			
	12/20/15	09:56	.000
Calibration Check:			
23	12/20/15	09:56	.100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00477

Temp	Date	Time	9/ 210L

VOID: RFI
12 12/20/15 09:57

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 00474

Temp	Date	Time	9/ 210L

Air Blank:
12/20/15 09:52 .000
Calibration Check:
21 12/20/15 09:52 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location