



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

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.

By Carol Day at 9:59 am, Sep 01, 2015

ALCO SENSOR IV SN 105445	PRINTER SN 097.3584.347	DATE OF INSPECTION 08/24/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) Platte County Sheriff's Office 415 E Third Street Platte City, MO 64079	TIME OF INSPECTION 8:00 am
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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) 19°C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories LOT # 14220 EXP. DATE 09/24/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN SD2780 SIMULATOR EXP DATE 07/13/2016

- 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 0.104	TEST 2 0.105	TEST 3 0.103
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- 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)	3	(.10-.14)	7	(.15-.19)	2	(OVER .19)	0
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Meghan M. Blackmore
TYPE II PERMIT NUMBER/EXPIRATION DATE Permit #240404 Expiration Date: 11/20/2016	TELEPHONE NUMBER (816) 858-3521

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: 185445
Version no: 532B

TEST RECORD 00430

Temp Date Time ^{s/} 210L

Air Blank:
08/24/15 08:00 .000
Subject Test: Auto
19 08/24/15 08:00 .000

Subject Name
Sober Sample
Subject I.D.

Operator Name, I.D.

Deputy M. Blackmore
Location 135/A420
PCSO 415 E Third St
Platte City, MO 64079
Permit # 240404
Expires: 11/20/2016

AS IV Serial no: 185445
Version no: 532B

TEST RECORD 00431

Temp Date Time ^{s/} 210L

Air Blank:
08/24/15 08:02 .000
Calibration Check:
20 08/24/15 08:02 .104

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.

Deputy M. Blackmore
Location 135/A420
PCSO 415 E Third St
Platte City, MO 64079
Permit # 240404
Expires: 11/20/2016

AS IV Serial no: 185445
Version no: 532B

TEST RECORD 00432

Temp Date Time ^{s/} 210L

Air Blank:
08/24/15 08:04 .000
Calibration Check:
21 08/24/15 08:04 .105

Subject Name/
Test 2
Subject I.D.

Operator Name, I.D.

Deputy M. Blackmore
Location 135/A420
PCSO 415 E Third St
Platte City, MO 64079
Permit # 240404
Expires: 11/20/2016

AS IV Serial no: 185445
Version no: 532B

TEST RECORD 00433

Temp Date Time ^{s/} 210L

Air Blank:
08/24/15 08:08 .000
Calibration Check:
22 08/24/15 08:08 .103

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.

Deputy M. Blackmore
Location 135/A420
PCSO 415 E Third St
Platte City, MO 64079
Permit # 240404
Expires: 11/20/2016

AS IV Serial no: 185445
Version no: 532B

TEST RECORD 00434

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/24/15 08:09

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.

Deputy M. Blackmore
Location 135/A420
PCSO 415 E Third St
Platte City, MO 64079
Permit # 240404
Expires: 11/20/2016



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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.



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

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**PERMIT
TYPE II**

MEGHAN M BLACKMORE

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 DMT

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 **11/20/2014**

NUMBER **240404**

EXPIRES **11/20/2016**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,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 BLACKMORE, MEGHAN
Permit No 240404
Date Issued 11/20/2014 Date Expires 11/20/2016