



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 8:52 am, May 05, 2015**

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.

ALCO SENSOR IV SN 105449	PRINTER SN 097.3585.012	DATE OF INSPECTION 05-04-2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD DR MANCHESTER MO 63011	TIME OF INSPECTION 1515
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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) 23°C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER GUTH LOT # 14220 EXP. DATE 09-24-2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN 502293 SIMULATOR EXP DATE 12-12-2015

**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 <u>.100</u>	TEST 2 <u>.100</u>	TEST 3 <u>.099</u>
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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) 0 (.10-.14) 0 (.15-.19) 0 (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).

**INSPECTING OFFICER**

SIGNATURE <u>Sgt. Dan West</u>	PRINT NAME <u>SGT DAN WEST</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230298 11/26/2015</u>	TELEPHONE NUMBER (636) 227-1410

**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: 105449  
Version no: 532B

TEST RECORD 00216  
Temp Date Time 210L s/

Air Blank:  
05/04/15 15:30 .000  
Calibration Check:  
25 05/04/15 15:30 .099

Subject Name

Subject I.D.

Operator Name, I.D.

*Jg*  
Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00215  
Temp Date Time 210L s/

Air Blank:  
05/04/15 15:28 .000  
Calibration Check:  
24 05/04/15 15:28 .100

Subject Name

Subject I.D.

Operator Name, I.D.

*Jg*  
Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00214  
Temp Date Time 210L s/

Air Blank:  
05/04/15 15:26 .000  
Calibration Check:  
23 05/04/15 15:26 .100

Subject Name

Subject I.D.

Operator Name, I.D.

*Jg*  
Location

AS IV Serial no: 105449  
Version no: 532B

TEST RECORD 00217  
Temp Date Time 210L s/

VOID: RFI  
12 05/04/15 15:31

Subject Name

Subject I.D.

Operator Name, I.D.

*Jg*  
Location



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

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**PERMIT**  
**TYPE II**  
**DAN E 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):

**INTOXILYZER 5000, INTOX EC/IR II, 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 11/26/2013  
 NUMBER 230298  
 EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

**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 WEST, DAN  
 Permit No 230298  
 Date Issued 11/26/2013 Date Expires 11/26/2015



## 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.*