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 11:00 am, May 14, 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	PRINTER SN	DATE OF INSPECTION
107460	099.3586.711	05/12/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
461 W. Arrow St., Marshall	1:55 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

☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☑ STANDARD SUPPLIER Guth LOT # 14200 EXP. DATE 08/05/2016

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2277 SIMULATOR EXP DATE 11/05/2015

☑ 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 ☛	TEST 2 ☛	TEST 3 ☛
.100	.100	.099

☑ 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).

N/A

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸	John J. Coney
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
240196 / 04-30-2016	(660) 886-7411

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

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 00217

Temp	Date	Time	g/ 210L
Air Blank:			
	05/12/15	13:58	.000
Calibration Check:			
22	05/12/15	13:58	.099

Subject Name

Subject I.D.

Operator Name, I.D.

John J. Corey 118

Location

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 00216

Temp	Date	Time	g/ 210L
Air Blank:			
	05/12/15	13:56	.000
Calibration Check:			
21	05/12/15	13:56	.100

Subject Name

Subject I.D.

Operator Name, I.D.

John J Corey 118

Location

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 00215

Temp	Date	Time	g/ 210L
Air Blank:			
	05/12/15	13:55	.000
Calibration Check:			
20	05/12/15	13:55	.100

Subject Name

Subject I.D.

Operator Name, I.D.

John J Corey 118

Location

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 00218

Temp	Date	Time	g/ 210L
VOID: RPI			
12	05/12/15	13:59	

Subject Name

Subject I.D.

Operator Name, I.D.

John J Corey 118

Location

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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PERMIT

TYPE II

JOHN J CONEY

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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/30/2014

NUMBER 240196

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 CONEY, JOHN

Permit No 240196

Date Issued 4/30/2014 Date Expires 4/30/2016

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 **14200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 6, 2014,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 5, 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 FNI22211-02 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.

Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19 CSR 25-30.051 (4).

Checked: 11/05/2014 Expires: **11/05/2015**
Digital Therm. SN:094948
MSC Tech:DRL Temp:33.98
Agency: Marshall Police Dept
SD 2277

Technician Printed Name: DAN LUCAS

Technician Signature: _____

Date: 11/05/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834