



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

**RECEIVED** whenever instrument is repaired.  
 By Carol Day at 12:59 pm, Jul 13, 2015

ALCO SENSOR IV SN 102473	PRINTER SN 08C.3527.124	DATE OF INSPECTION 07/01/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802	TIME OF INSPECTION 9:00 pm
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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)
- 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 SIMULATOR SN SD2219 SIMULATOR EXP DATE 01/12/2016

- 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 ← .102	TEST 2 ← .102	TEST 3 ← .102
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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	1	(0-.04)	(.05-.09)	4	(.10-.14)	3	(.15-.19)	1	(OVER .19)	1
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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).

REPLACED BATTERY

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME RYAN DEVOST
TYPE II PERMIT NUMBER/EXPIRATION DATE 250077 Expires: 04/29/2017	TELEPHONE NUMBER (417) 868-4040

**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



**GUTH LABORATORIES, INC.**

690 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.*



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

2

**PERMIT**  
**TYPE II**  
**RYAN DEVOST**

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 4/29/2015

NUMBER 250077

EXPIRES 4/29/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RS-15)

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 DEVOST, RYAN  
Permit No 250077  
Date issued 4/29/2015 Date Expires 4/29/2017

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 00592

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/01/15 21:07 .000  
Calibration Check:  
25 07/01/15 21:07 .102

Subject Name

R. DEVOST #1026

Subject I.D.

Type II: 250077-04/29/17

Operator Name, I.D.

Location

Greene County S/O

HQ

TEST #1

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 00593

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/01/15 21:08 .000  
Calibration Check:  
25 07/01/15 21:08 .102

Subject Name

R. Devost #1026

Subject I.D.

Type II: 250077-04/29/17

Operator Name, I.D.

Location

Greene County S/O

HQ

TEST #2

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 00594

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
07/01/15 21:10 .000  
Calibration Check:  
26 07/01/15 21:10 .102

Subject Name

R. Devost #1026

Subject I.D.

Type II: 250077-04/29/17

Operator Name, I.D.

Location

Greene County S/O

HQ

TEST #3

# SOBER TEST

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 00590

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
07/01/15 21:03 .000  
Calibration Check:  
23 07/01/15 21:03 .000

Subject Name

R. DEVOST #1026  
Subject I.D.

Type II: 250077-04/29/17  
Operator Name, I.D.

Location

Greene County S/O  
HQ

# RFI TEST

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 00591

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 07/01/15 21:04

Subject Name

R. DEVOST #1026  
Subject I.D.

Type II: 250077-04/29/17  
Operator Name, I.D.

Location

Greene County S/O  
HQ