



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED whenever instrument is repaired.
 By Carol Day at 10:47 am, Jul 27, 2015

Complete this report in duplicate at the time of the regular monthly preventative maintenance of the instrument. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 107993	PRINTER SN 099.3586.836	DATE OF INSPECTION 07/27/2015
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LOCATION OF INSTRUMENT (STREET AND CITY) 9623 SAINT CHARLES ROCK ROAD, BRECKENRIDGE HILLS POLICE DEPARTMENT	TIME OF INSPECTION 3:40 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) 25°C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LABORATORIES, INC. LOT # 15050 EXP. DATE 03/09/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2309 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 <u>.101</u>	TEST 2 <u>.101</u>	TEST 3 <u>.102</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-.04)	(.05-.09)	(.10-.14)	(.15-.19) <u>1</u>	(OVER .19)
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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).

C15 SAMPLING CAPACITOR REPLACED

INSPECTING OFFICER

SIGNATURE <i>Michael Presson</i>	PRINT NAME MICHAEL PRESSON
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250168 07/23/2017	TELEPHONE NUMBER (314) 426-1214
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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.**

530 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 11, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is March 9, 2017 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.

AS IU Serial no: 107993
Version no: 532B

TEST RECORD 00191

Temp Date Time 210L

Air Blank:
07/27/15 15:40 .000
Calibration Check:
25 07/27/15 15:40 .101

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

St Michael Packer 733

Location

9633 St. Charles Rock

Road

AS IU Serial no: 107993
Version no: 532B

TEST RECORD 00192

Temp Date Time 210L

Air Blank:
07/27/15 15:41 .000
Calibration Check:
25 07/27/15 15:41 .101

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

St Michael Packer 733

Location

9633 St. Charles Rock Road

AS IU Serial no: 107993
Version no: 532B

TEST RECORD 00193

Temp Date Time 210L

Air Blank:
07/27/15 15:43 .000
Calibration Check:
26 07/27/15 15:43 .102

Subject Name

Maintenance

Subject I.D.

Operator Name, I.D.

St Michael Packer 733

Location

9633 St. Charles Rock Road

Version no: 532B

TEST RECORD 00196

Temp Date Time 210L

VOID: RFI
12 07/27/15 16:05

Subject Name
Maintenance

Subject I.D.

Operator Name, I.D.
St Michael Packer 733

Location
9633 St. Charles Rock Road



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



**PERMIT
TYPE II**

MICHAEL B PRESSON

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

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 7/23/2015

NUMBER 250168

EXPIRES 7/23/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

AJD 560-0771 (6-10)

LAB-4 (R0-10)

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 PRESSON, MICHAEL
Permit No 250168
Date Issued 7/23/2016 Date Expires 7/23/2017