



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

**RECEIVED**

By Carol Day at 11:02 am, May 16, 2016

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 035714	PRINTER SN 092.3576.249	DATE OF INSPECTION 05/13/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 203 Veterans Memorial Parkway Wright City Mo. 63390		TIME OF INSPECTION 1:13 am

**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 Labrotories LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0C SIMULATOR SN SD2745 SIMULATOR EXP DATE 04/27/2017

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 → .101

TEST 2 → .103

TEST 3 → .102

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
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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  
Chris Beard

TYPE II PERMIT NUMBER/EXPIRATION DATE  
260212 05/03/2018

TELEPHONE NUMBER  
(636) 745-3541

**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.**

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 **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015**, 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 **April 29, 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.*



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

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**PERMIT  
TYPE II**

**CHRISTOPHER S BEARD**

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 5/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 260212

EXPIRES 5/3/2018

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

**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 BEARD, CHRISTOPHER  
Permit No 260212  
Date Issued 5/3/2016 Date Expires 5/3/2018

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00502

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

Air Blank:  
05/13/16 01:13 .000  
Calibration Check:  
22 05/13/16 01:13 .101

Subject Name

Subject I.D.

*Beard 150*

Operator Name, I.D.

Location

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00503

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

Air Blank:  
05/13/16 01:17 .000  
Calibration Check:  
24 05/13/16 01:17 .103

Subject Name

Subject I.D.

*Beard 150*

Operator Name, I.D.

Location

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00504

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

Air Blank:  
05/13/16 01:20 .000  
Calibration Check:  
25 05/13/16 01:20 .102

Subject Name

Subject I.D.

*Beard 150*

Operator Name, I.D.

Location

AS IV Serial no: 035714  
Version no: 532B

TEST RECORD 00505

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

VOID: RFI  
12 05/13/16 01:22

Subject Name

Subject I.D.

*Beard 150*

Operator Name, I.D.

Location