



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 065714	PRINTER SN 092.3576.249	DATE OF INSPECTION 07/17/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 203 Veterans Memorial Parkway Wright City 63390	TIME OF INSPECTION 2:52 am
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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 Labrotories LOT # 16080 EXP. DATE 03/07/2018

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 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 • .104

TEST 2 • .103

TEST 3 • .103

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 *J Poole* 128

PRINT NAME
J Poole 128

TYPE II PERMIT NUMBER/EXPIRATION DATE
250092 05-11-17

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

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 00512

Temp Date Time 210L

Air Blank:
07/17/16 02:52 .000
Subject Test: Auto
23 07/17/16 02:52 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 00513

Temp Date Time 210L

Air Blank:
07/17/16 02:56 .000
Calibration Check:
24 07/17/16 02:56 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 00514

Temp Date Time 210L

Air Blank:
07/17/16 02:57 .000
Calibration Check:
26 07/17/16 02:57 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 00515

Temp Date Time 210L

Air Blank:
07/17/16 02:59 .000
Subject Test: Man
26 07/17/16 02:59 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 00516

Temp Date Time 210L

VOID: RFI
12 07/17/16 03:00

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

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**PERMIT
 TYPE II**

JEANNETTE POOLE

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 5/11/2015

NUMBER 250092

EXPIRES 5/11/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAE-4 (R5-10)

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 POOLE, JEANNETTE
 Permit No 250092
 Date Issued 5/11/2015 Date Expires 5/11/2017



GUTH LABORATORIES, INC.

590 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 **16080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2016**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1210%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 2018** 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.