



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 4:03 pm, Jul 19, 2016

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in

ALCO SENSOR IV SN <b>087973</b>	PRINTER SN <b>087973</b>	DATE OF INSPECTION <b>07-18-2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>5005 Oak Street Kansas City</b>		TIME OF INSPECTION <b>23:49</b>

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) **23°C**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER **Guth** LOT # **16090** EXP. DATE **3-7-2016**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°C** SIMULATOR SN **SP2461** SIMULATOR EXP DATE **6-21-2017**

- 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 <b>0.10%</b>	TEST 2 <b>1.100%</b>	TEST 3 <b>1.099%</b>
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- RFI DETECTOR OPERATING **Pass**

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
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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).

**None**

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Jeff Cooper</b>
TYPE II PERMIT NUMBER EXPIRATION DATE <b>240350 10-03-2016</b>	TELEPHONE NUMBER <b>816 235-1515</b>

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 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°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.*

ME #

AS IV Serial no: 087973  
Version no: 532B

TEST RECORD 00216

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

Air Blank:  
07/18/16 23:55 .000  
Calibration Check:  
25 07/18/16 23:55 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

ME #

AS IV Serial no: 087973  
Version no: 532B

TEST RECORD 00217

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

Air Blank:  
07/18/16 23:57 .000  
Calibration Check:  
26 07/18/16 23:57 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

ME #

AS IV Serial no: 087973  
Version no: 532B

TEST RECORD 00218

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

VOITH RFI  
12 07/18/16 23:58

Subject Name

Subject I.D.

Operator Name, I.D.

Location

ME #

AS IV Serial no: 087973  
Version no: 532B

TEST RECORD 00215

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

Air Blank:  
07/19/16 23:54 .000  
Calibration Check:  
24 07/18/16 23:54 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
 Peter Lyskovekl  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

## SIMULATOR CERTIFICATION REPORT

### SIMULATOR INFORMATION

Simulator Serial Number: SD2681 Manufacturer: Guth  
 Model Number: 10-4D  
 Agency: UMKC PD  
 Agency Address: 4825 TROOST, KANSAS CITY, MO 64110

### NIST THERMOMETER INFORMATION

Serial Number: 358440 Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 9/8/2015 Date of Expiration: 9/8/2016

### ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

### VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
20.40	27.21	45.11

The combined uncertainty is calculated with a k=2 value.

### ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 6/21/2016  
 Certification Expiration: 6/21/2017  
 Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE  
 Certification No: SD2681\_6212016

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DHSS BAP Scientist Approving