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By Carol Day at 3:07 pm, Apr 07, 2016



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 check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 097405 PRINTER SN 08C 355 6388 DATE OF INSPECTION 4-1-16

LOCATION OF INSTRUMENT (STREET AND CITY) Steele Police Department 115 S. Walnut Steele MO, 63877 TIME OF INSPECTION 15:50

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 Cuth LAB LOT # 15220 EXP. DATE 9-28-17

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD1758 SIMULATOR EXP DATE 10-20-16

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 \* .101

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(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).

MACHINE OPERATING TO SPECIFICATION

INSPECTING OFFICER

SIGNATURE Josh Carter

PRINT NAME JOSH CARTER

TYPE / PERMIT NUMBER/EXPIRATION DATE 240348 / 10/3/16

TELEPHONE NUMBER 573-685-2100

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 15220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 30, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is September 28, 2017 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.*

AS IU Serial no: 097405  
Version no: 532B

TEST RECORD 00277

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

Air Blank:  
02 04/01/16 15:54 .000

Calibration Check:  
01 04/01/16 15:54 .101

Subject Name  
Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 097405  
Version no: 532B

TEST RECORD 00274

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

Air Blank:  
04/01/16 15:50 .000

Calibration Check:  
20 04/01/16 15:50 .101

Subject Name  
Subject I.D.

Operator Name, I.D.

Location

Location

AS IU Serial no: 097405  
Version no: 532B

TEST RECORD 00275

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

Air Blank:  
04/01/16 15:52 .000

Calibration Check:  
20 04/01/16 15:52 .101

Subject Name  
Subject I.D.

Operator Name, I.D.

Location

Location

AS IU Serial no: 097405  
Version no: 532B

TEST RECORD 00276

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

Air Blank:  
04/01/16 15:53 .000

Calibration Check:  
21 04/01/16 15:53 .102

Subject Name  
Subject I.D.

Operator Name, I.D.

Location

Location



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

2

PERMIT  
TYPE II

JOSHUA S CARTER

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 10/3/2014

NUMBER 240348

EXPIRES 10/3/2016

*[Signature]*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*[Signature]*

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (6-10)

LAB-4 (1/16-10)

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 CARTER, JOSHUA  
Permit No 240348  
Date Issued 10/3/2014 Date Expires 10/3/2016

