RECEIVED
By Carol Day at 4:26 pm, Feb 19, 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 | PRINTER SN | DATE OF INSPECTION |
|---|---|---|
| 097413 | 096.3580.067 | 02/11/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | TIME OF INSPECTION |
| 52 YOUNG DR CALVERTON PARK MO 63135 | | 10.00hr |

**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 LABORATORIES LOT # 15220 EXP. DATE 09/28/2017

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD3327 SIMULATOR EXP DATE 01/18/2017

☑ 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 ☛ .100 | TEST 3 ☛ .100 |
|---|---|---|

☑ 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 | 1 | (0-.04) | 0 | (.05-.09) | 1 | (.10-.14) | 0 | (.15-.19) | 1 | (OVER .19) | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|

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).

GUTH LAB LOT NUM 15220 EXP 09/28/2017

**INSPECTING OFFICER**

| SIGNATURE | PRINT NAME |
|---|---|
| ▸ Lowell M | Lowell Moore |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | TELEPHONE NUMBER |
| 240234 05/12/2016 | (314) 524-1212 |

**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.*

Copy

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

2

# PERMIT
## TYPE II

## LOWELL J MOORE

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 5/12/2014

NUMBER 240234

EXPIRES 5/12/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

MO 580-0771 (8-10)

COPY

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 MOORE, LOWELL
Permit No 240234
Date Issued 5/12/2014 Date Expires 5/12/2016

3

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00692

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| Air Blank | | | |
| | 02/[illegible] | 10:[illegible] | .000 |
| Calibration Check: | | | |
| 13 | 02/[illegible] | 10:[illegible] | .100 |

Subject Name

Subject I.D.

Moore 173

Operator Name I.D.

Location

2

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00691

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| Air Blank: | | | |
| | 02/[illegible] | 10:[illegible] | .000 |
| Calibration Check: | | | |
| 22 | 02/[illegible] | 10:[illegible] | .100 |

Subject Name

Subject I.D.

L Moore 173

Operator Name I.D.

Location

1

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00690

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| Air Blank: | | | |
| | 02/11/16 | 10:00 | .000 |
| Calibration Check: | | | |
| 21 | 02/11/16 | 10:00 | .101 |

Subject Name

Subject I.D.

Moore 173

Operator Name I.D.

Location

RFI

AS IV Serial no: 097413
Version no: 004C

TEST RECORD 00693

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| [illegible] | | | |
| 12 | [illegible] | | [illegible] |

Subject Name

Subject I.D.

Moore 173

Operator Name I.D.

Location