



RECEIVED

By Carol Day at 11:18 am, Apr 05, 2016

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 097416	PRINTER SN 096.3580.864	DATE OF INSPECTION 03/03/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802	TIME OF INSPECTION 11:06 pm
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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 LABORATORIES LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2219 SIMULATOR EXP DATE 02/03/2017

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 ◀ .096

TEST 2 ◀ .097

TEST 3 ◀ .096

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) 1	(.10-.14) 1	(.15-.19) 1	(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).

INSPECTING OFFICER

SIGNATURE

PRINT NAME
RYAN DEVOST

TYPE II PERMIT NUMBER/EXPIRATION DATE
250077 Expires: 04/29/2017

TELEPHONE NUMBER
(417) 868-4040

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: 717-664-5470

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%**.

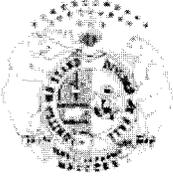
The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

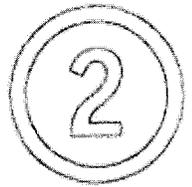
NIST Traceability:

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



PERMIT
TYPE II
RYAN DEVOST

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, INTOX EC/IR II

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 4/29/2015

NUMBER 250077

EXPIRES 4/29/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MC 580-9/71 (5-10)

LAB-4 (88-10)



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 **DEVOST, RYAN**
Permit No **250077**
Date Issued **4/29/2015** Date Expires **4/29/2017**

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00031

Temp Date Time ^{s/} 210L

Air Blank:
03/03/16 23:09 .000
Calibration Check:
24 03/03/16 23:09 .096

Subject Name

TEST # 1

Subject I.D.

Operator Name, J.D.

Location

GC50 HQ

Ray Dent

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00032

Temp Date Time ^{s/} 210L

Air Blank:
03/03/16 23:10 .000
Calibration Check:
24 03/03/16 23:10 .097

Subject Name

TEST # 2

Subject I.D.

Operator Name, J.D.

Location

GC50 HQ

Ray Dent

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00033

Temp Date Time ^{s/} 210L

Air Blank:
03/03/16 23:12 .000
Calibration Check:
25 03/03/16 23:12 .096

Subject Name

TEST # 2

Subject I.D.

Operator Name, J.D.

Location

GC50 HQ

Ray Dent

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00029

Temp Date Time ^{a/} 210L

Air Blank:
03/03/16 23:06 .000
Calibration Check:
22 03/03/16 23:06 .000

Subject Name

SOBER SAMPLE

Subject I.D.

Operator Name, I.D.

Location

GC50 HQ

Ryan Devost

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00030

Temp Date Time ^{a/} 210L

VOID: RFI
12 03/03/16 23:07

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

GC50 HQ

Ryan Devost

Performed on 03/03/16

by: RYAN DEVOST

Type II #: 250077

As-IV # 097416