



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 04/06/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802	TIME OF INSPECTION 7:57 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 ◀ .097
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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) 4	(.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
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250077 Expires: 04/29/2017	TELEPHONE NUMBER (417) 868-4040
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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 **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%**.

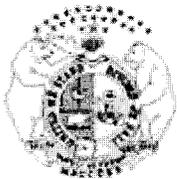
The alcohol and water used in this solution were free of test interfering substances.

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

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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



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: 532D

TEST RECORD 00046

Temp Date Time ^{a/} 210L

Air Blank:
04/06/16 20:01 .000
Calibration Check:
25 04/06/16 20:01 .096

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Location

GC50 HQ

Py Dept

AS IV Serial no: 097416
Version no: 532D

TEST RECORD 00047

Temp Date Time ^{a/} 210L

Air Blank:
04/06/16 20:02 .000
Calibration Check:
26 04/06/16 20:02 .097

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Location

GC50 HQ

Py Dept

AS IV Serial no: 097416
Version no: 532D

TEST RECORD 00048

Temp Date Time ^{a/} 210L

Air Blank:
04/06/16 20:04 .000
Calibration Check:
26 04/06/16 20:04 .097

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Location

GC50 HQ

Py Dept

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00043
a/
Temp Date Time 210L
Air Blank:
04/06/16 19:57 .000
Calibration Check:
23 04/06/16 19:57 .000

Subject Name
SOBER SAMPLE
Subject I.D.

Operator Name, I.D.

Location

GCSO HQ
Ryan Devost

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00045
a/
Temp Date Time 210L
VOID: RFI
12 04/06/16 19:59

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.

Location

Ryan Devost

PERFORMED ON: 04/06/16

GCSO HQ

By RYAN DEVOST

Permit # 250077

Expires 04/29/2017