



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 10:18 am, Sep 08, 2016

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 097443	PRINTER SN 096.3580.953	DATE OF INSPECTION 09-06-2016
LOCATION OF INSTRUMENT (STREET AND CITY) STONE COUNTY SHERIFF/ 110 S MAPLE, GALENA, MO 65656		TIME OF INSPECTION 1734

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 25°
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u> LOT # <u>15120</u> EXP. DATE <u>04-29-2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD2282</u> SIMULATOR EXP DATE <u>12-07-2016</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 ← 0.101	TEST 2 ← 0.100	TEST 3 ← 0.099
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 DANIEL FLETCHER
TYPE II PERMIT NUMBER/EXPIRATION DATE 240406 11-20-2016	TELEPHONE NUMBER 417-357-6116

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

AS IU Serial no: 097443
Version no: 532B

TEST RECORD 00463
Temp Date Time 210L

Air Blank: 09/06/16 17:40 .000
Calibration Check: 23 09/06/16 17:40 .101

Subject Name
MAINTENANCE
Subject I.D. 11-20-14
Operator Name, I.D. REETCHER 210146
Location Stone County Ark

AS IU Serial no: 097443
Version no: 532B

TEST RECORD 00464
Temp Date Time 210L

Air Blank: 09/06/16 17:44 .000
Calibration Check: 24 09/06/16 17:44 .100

Subject Name
MAINTENANCE
Subject I.D. 11-20-14
Operator Name, I.D. REETCHER 210146
Location Stone County Ark

AS IU Serial no: 097443
Version no: 532B

TEST RECORD 00465
Temp Date Time 210L

Air Blank: 09/06/16 17:46 .000
Calibration Check: 25 09/06/16 17:46 .099

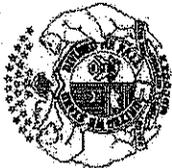
Subject Name
MAINTENANCE
Subject I.D. 11-20-14
Operator Name, I.D. REETCHER 210146
Location Stone County Ark

AS IU Serial no: 097443
Version no: 532B

TEST RECORD 00466
Temp Date Time 210L

VOID: RFI
12 09/06/16 17:48

Subject Name
MAINTENANCE
Subject I.D. 11-20-14
Operator Name, I.D. REETCHER 210146
Location Stone County Ark



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

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PERMIT
TYPE II

DANIEL D FLETCHER

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 DMT

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 11/20/2014

NUMBER 240406

EXPIRES 11/20/2016

MO 560-0771 (6-10)

W. W. S.
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paul Veeberly
acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-10)



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°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.