



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

RECEIVED
 By Carol Day at 4:11 pm, Mar 16, 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 099365	PRINTER SN 097.3584.346	DATE OF INSPECTION 03/12/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 147 South Main St. Laurie, MO 65038		TIME OF INSPECTION 4:12 pm

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)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input 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 Laboratories</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°C</u> SIMULATOR SN <u>DR6929</u> SIMULATOR EXP DATE <u>09/01/2016</u>	

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 ➡ 0.097	TEST 2 ➡ 0.098	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)	1	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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 311	PRINT NAME Scott Craig
TYPE II PERMIT NUMBER/EXPIRATION DATE 250048 02/20/2017	TELEPHONE NUMBER (573) 374-4871

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°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 IV Serial no: 899365
Version no: 532B

TEST RECORD 00457

Temp Date Time ^{g/} 210L

Air Blank:
03/12/16 16:14 .000
Subject Test: Auto
20 03/12/16 16:14 .000

Subject Name

Monthly Maintenance

Subject I.D.

Blank Test

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main Street

Laurie, Mo. 65038

AS IV Serial no: 899365
Version no: 532B

TEST RECORD 00458

Temp Date Time ^{g/} 210L

VOID: RFI
12 03/12/16 16:16

Subject Name

Monthly Maintenance

Subject I.D.

RFI Test

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main Street

Laurie, Mo. 65038

AS IV Serial no: 899365
Version no: 532B

TEST RECORD 00459

Temp Date Time ^{g/} 210L

Air Blank:
03/12/16 16:19 .000
Calibration Check:
22 03/12/16 16:19 .097

Subject Name

Monthly Maintenance

Subject I.D.

Test #1

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main Street

Laurie, MO 65038

AS IV Serial no: 899365
Version no: 532B

TEST RECORD 00460

Temp Date Time ^{g/} 210L

Air Blank:
03/12/16 16:21 .000
Calibration Check:
22 03/12/16 16:21 .098

Subject Name

Monthly Maintenance

Subject I.D.

Test #2

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main Street

Laurie, MO 65038

AS IV Serial no: 899365
Version no: 532B

TEST RECORD 00461

Temp Date Time ^{g/} 210L

Air Blank:
03/12/16 16:22 .000
Calibration Check:
23 03/12/16 16:22 .099

Subject Name

Monthly Maintenance

Subject I.D.

Test #3

Operator Name, I.D.

Scott Craig 250048

Location

147 S. Main Street

Laurie, Mo. 65038



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

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PERMIT
TYPE II
SCOTT D CRAIG

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 308.111 through 308.119 RSMo.

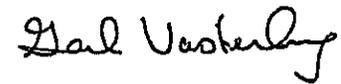
DATE 2/20/2015

NUMBER 250048

EXPIRES 2/20/2017

MO 840-0771 (9-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

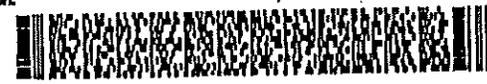

acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (118-10)

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 **CRAIG, SCOTT**
Permit No **250048**
Date Issued **2/20/2015** Date Expires **2/20/2017**