



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

**RECEIVED**  
 By Carol Day at 9:02 am, Jul 11, 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 <b>099365</b>	PRINTER SN <b>097.3584.346</b>	DATE OF INSPECTION <b>07/10/2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>147 South Main Street, Laurie, MO. 65038</b>		TIME OF INSPECTION <b>6:00 pm</b>

**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 # 16040 EXP. DATE 01/20/2018
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN DR6929 SIMULATOR EXP DATE 09/01/2016

- 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 ➡ <b>0.098</b>	TEST 2 ➡ <b>0.099</b>	TEST 3 ➡ <b>0.100</b>
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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	<b>0</b>	(.0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>1</b>	(.15-.19)	<b>0</b>	(OVER .19)	<b>0</b>
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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).

**NONE**

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME <b>Scott DeWayne Craig</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>250048 02/20/2017</b>	TELEPHONE NUMBER <b>(573) 374-4871</b>

**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 IV Serial no: 899365  
Version no: 532B

TEST RECORD 00498

Temp	Date	Time	g/ 210L
Air Blank:	07/09/16	18:33	.000
Subject Test: Auto	21 07/09/16	18:33	.000

Air Blank:  
07/09/16 18:33 .000  
Subject Test: Auto  
21 07/09/16 18:33 .000

Subject Name

Monthly Maintenance

Subject I.D.

Blank Check

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 00499

Temp	Date	Time	g/ 210L
VOID: RFI	12 07/09/16	18:34	

VOID: RFI  
12 07/09/16 18:34

Subject Name

Monthly Maintenance

Subject I.D.

RFI Check

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 00500

Temp	Date	Time	g/ 210L
Air Blank:	07/09/16	18:35	.000
Calibration Check:	23 07/09/16	18:35	.098

Air Blank:  
07/09/16 18:35 .000  
Calibration Check:  
23 07/09/16 18:35 .098

Subject Name

Monthly Maintenance

Subject I.D.

Accuracy Check #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 00501

Temp	Date	Time	g/ 210L
Air Blank:	07/09/16	18:37	.000
Calibration Check:	24 07/09/16	18:37	.099

Air Blank:  
07/09/16 18:37 .000  
Calibration Check:  
24 07/09/16 18:37 .099

Subject Name

Monthly Maintenance

Subject I.D.

Accuracy Check #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 00502

Temp	Date	Time	g/ 210L
Air Blank:	07/09/16	18:38	.000
Calibration Check:	24 07/09/16	18:38	.100

Air Blank:  
07/09/16 18:38 .000  
Calibration Check:  
24 07/09/16 18:38 .100

Subject Name

Monthly Maintenance

Subject I.D.

Accuracy Check #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

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

*Gal Vasherly*  
acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 880-0771 (8-10)

LAB-4 (PB-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 from expired air in Missouri.



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



## 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 **16040** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2016**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **January 20, 2018** 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.*