



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

**RECEIVED**

By Carol Day at 11:50 am, May 18, 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>100286</b>	PRINTER SN <b>093.3563.013</b>	DATE OF INSPECTION <b>18 MAY 16</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>1031 VANDENBERG AVE, WHITEMAN AFB</b>		TIME OF INSPECTION <b>1000</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 LABS INC.** LOT # **15120** EXP. DATE **29 APR 17**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°C** SIMULATOR SN **SD 3147** SIMULATOR EXP DATE **23 NOV 16**

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 • **.105** TEST 2 • **.104** TEST 3 • **.103**

RFI DETECTOR OPERATING **RFI DETECTED**

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS     $\emptyset$     (0-.04)     $\emptyset$     (.05-.09)     $\emptyset$     (.10-.14)     $\emptyset$     (.15-.19)     $\emptyset$     (OVER .19)     $\emptyset$

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 <b>THOMAS G. HUTFILES</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240353 / 10/3/2016</b>	TELEPHONE NUMBER <b>660-687-2724</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



## 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.*

AS IV Serial no: 100286  
Version no: 532B

TEST RECORD 00374

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
05/18/16 10:09 .000  
Subject Test: Auto  
26 05/18/16 10:09 .103

Subject Name

Subject I.D.

Operator Name, I.D.

*Tommy HUTFLIES*

Location

AS IV Serial no: 100286  
Version no: 532B

TEST RECORD 00373

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
05/18/16 10:08 .000  
Subject Test: Auto  
26 05/18/16 10:08 .104

Subject Name

Subject I.D.

Operator Name, I.D.

*Tommy HUTFLIES*

Location

AS IV Serial no: 100286  
Version no: 532B

TEST RECORD 00371

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
05/18/16 10:03 .000  
Subject Test: Auto  
25 05/18/16 10:03 .105

Subject Name

Subject I.D.

Operator Name, I.D.

*Tommy HUTFLIES*

Location

AS IV Serial no: 100286  
Version no: 532B

TEST RECORD 00377

Temp Date Time <sup>a/</sup> 210L

VOID: RTI  
12 05/18/16 10:13

Subject Name

Subject I.D.

Operator Name, I.D.

*Tommy HUTFLIES*

Location



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



**PERMIT  
TYPE II**

**THOMAS G HUTFLES**

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, INTOXILYZER 5000**

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 10/3/2014

NUMBER 240353

EXPIRES 10/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-07/11 (5-10)

LAB-4 (RG-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 HUTFLES, THOMAS  
Permit No 240353  
Date Issued 10/3/2014 Date Expires 10/3/2016