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 By Carol Day at 3:22 pm, Jun 10, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 102460	PRINTER SN 096.3580.879	DATE OF INSPECTION 06/10/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 123 E Santa Fe Marceline		TIME OF INSPECTION 11:55 am

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 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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>15220</u>	EXP. DATE <u>09/28/2017</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u>	SIMULATOR SN <u>SD2276</u>	SIMULATOR EXP DATE <u>05/10/2017</u>
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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 → .104	TEST 2 → .103	TEST 3 → .103
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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)	1	(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).

All good.

INSPECTING OFFICER

SIGNATURE <i>Wendell Shrock</i>	PRINT NAME Wendell Shrock
TYPE II PERMIT NUMBER/EXPIRATION DATE 260103 02-22-2018	TELEPHONE NUMBER (660) 376-3556

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.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 30, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is September 28, 2017 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- 0.2°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.

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AS IV Serial no: 182460
Version no: 532B

TEST RECORD 80290

Temp	Date	Time	W
			218L
Air Blank:			
	06/10/16	11:56	.000
Subject Test: Man			
	24 06/10/16	11:56	.183

Subject Name
SHROCK

Subject I.D.
SHROCK 1127

Operator Name, I.D.
123 E. Santa Fe

Location
Marceline, MO

2

AS IV Serial no: 182460
Version no: 532B

TEST RECORD 80288

Temp	Date	Time	W
			218L
Air Blank:			
	06/10/16	11:55	.000
Subject Test: Man			
	23 06/10/16	11:55	.183

Subject Name
SHROCK

Subject I.D.
SHROCK 1127

Operator Name, I.D.
123 E. Santa Fe

Location
Marceline, MO

1

AS IV Serial no: 182460
Version no: 532B

TEST RECORD 80287

Temp	Date	Time	W
			218L
Air Blank:			
	06/10/16	11:53	.000
Subject Test: Man			
	22 06/10/16	11:53	.184

Subject Name
SHROCK

Subject I.D.
SHROCK 1127

Operator Name, I.D.
123 E. Santa Fe

Location
Marceline, MO

AS IV Serial no: 182460
Version no: 532B

TEST RECORD 80287

Temp	Date	Time	W
			218L
Air Blank:			
	06/10/16	11:53	.000
Subject Test: Man			
	22 06/10/16	11:53	.184

Subject Name
SHROCK

Subject I.D.
SHROCK 1127

Operator Name, I.D.
123 E. Santa Fe

Location
Marceline, MO



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



**PERMIT
TYPE II**

WENDELL G SHROCK

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 306.111 through 306.119 RSMo.

DATE 2/22/2016

NUMBER 260103

EXPIRES 2/22/2018

MD 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (R6-10)

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 SHROCK, WENDELL
Permit No 260103
Date Issued 2/22/2016 Date Expires 2/22/2018



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2986 VOICE 1-800-735-2486
Peter Lyskowski
Director



Jeremiah W. (Jay) Nixon
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2276 Manufacturer: Guth
Model Number: 10-4D
Agency: MARCELINE PD
Agency Address: 123 E SANTA FE, MARCELINE, MO 64658

NIST THERMOMETER INFORMATION

Serial Number: 093752 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 9/8/2015 Date of Expiration: 9/8/2016

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	34.00	.02

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/10/2016
Certification Expiration: 5/10/2017
Simulator testing technician: R WELSH

Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE
Certification No: SD2276_5102016

X

DHSS BAP Scientist Approving