


 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 07/02/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 123 E Santa Fe Marceline	TIME OF INSPECTION 2:00 am
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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
LOT # 15220EXP. DATE 09/28/2017
 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2276 SIMULATOR EXP DATE 05/01/2017
 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 .104TEST 2 .104TEST 3 .104
 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	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>1</u>
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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 Wendell ShrockPRINT NAME
Wendell ShrockTYPE II PERMIT NUMBER/EXPIRATION DATE
260103 02-22-2018TELEPHONE 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.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

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.

AS IV Serial no: 182450
Version no: 532B

TEST RECORD 08298

Temp Date Time 210L

VOID: RFI
12 07/02/16 02:08

Subject Name
Shrock

Subject I.D.
Shrock 1127

Operator Name, I.D.
123 E Santa Fe

Location
Marceline, MO

3

AS IV Serial no: 182450
Version no: 532B

TEST RECORD 08298

Temp Date Time 210L

Air Blank:
07/02/16 02:08 .000

Subject Test: Man
23 07/02/16 02:06 .104

Subject Name
Shrock 3

Subject I.D.
Shrock 1127

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

Location
Marceline, MO

2

AS IV Serial no: 182450
Version no: 532B

TEST RECORD 08297

Temp Date Time 210L

Air Blank:
07/02/16 02:04 .000

Subject Test: Man
23 07/02/16 02:04 .104

Subject Name
Shrock 2

Subject I.D.
Shrock 1127

Operator Name, I.D.
123 E Santa Fe

Location
Marceline MO

1

AS IV Serial no: 182450
Version no: 532B

TEST RECORD 08296

Temp Date Time 210L

Air Blank:
07/02/16 02:03 .000

Subject Test: Man
22 07/02/16 02:03 .104

Subject Name
Shrock 1

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

MO 580-0771 (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: 573-761-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

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

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DHSS BAP Scientist Approving