

RECEIVED

By Carol Day at 2:53 pm, Aug 09, 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 <i>102461</i>	PRINTER SN <i>096.3580.922</i>	DATE OF INSPECTION <i>7/26/16</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>106 Progress Drive Sullivian MO 63080</i>		TIME OF INSPECTION <i>1040</i>

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) *21°C*

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER *Buth Labs* LOT # *16040* EXP. DATE *01/20/18*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34°C* SIMULATOR SN *SD2752* SIMULATOR EXP DATE *04/27/17*

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 <i>.098%</i>	TEST 2 <i>.096%</i>	TEST 3 <i>.097%</i>
---------------------	---------------------	---------------------

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 <i>0</i>	(0-.04) <i>0</i>	(.05-.09) <i>0</i>	(.10-.14) <i>4</i>	(.15-.19) <i>1</i>	(OVER .19) <i>1</i>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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).

Instrument is operating within D.O.H. specifications.

INSPECTING OFFICER	
SIGNATURE <i>Gregory A. West</i>	PRINT NAME <i>Gregory A. West</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>250140 06/15/17</i>	TELEPHONE NUMBER <i>573-468-8001</i>

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 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°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 IU Serial no: 182461
Version no: 532B

TEST RECORD 00373

Temp Date Time 210L
s/

Air Blank:
07/26/16 10:46 .000
Calibration Check:
Z1 07/26/16 10:46 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 182461
Version no: 532B

TEST RECORD 00374

Temp Date Time 210L
s/

Air Blank:
07/26/16 10:50 .000
Calibration Check:
Z2 07/26/16 10:50 .096

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 182461
Version no: 532B

TEST RECORD 00375

Temp Date Time 210L
s/

Air Blank:
07/26/16 10:54 .000
Calibration Check:
Z2 07/26/16 10:54 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 182461
Version no: 532B

TEST RECORD 00376

Temp Date Time 210L
s/

WQID: RPI
12 07/26/16 10:56

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

2

PERMIT
TYPE II
GREGORY A WEST

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 6/15/2015

NUMBER 250140

EXPIRES 6/15/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (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 WEST, GREGORY
Permit No 250140
Date issued 6/15/2015 Date Expires 6/15/2017