



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 102465	PRINTER SN 088.3473.063	DATE OF INSPECTION 04/10/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 303 South Elm Street Dixon		TIME OF INSPECTION 10:53 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.

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 Inc LOT # 16040 EXP. DATE 01/20/2018

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2279 SIMULATOR EXP DATE 12/01/2016

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 ➡ .099

TEST 2 ➡ .100

TEST 3 ➡ .099

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)	0	(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).

Performed calibration on instrument. First reading was .104 - Re-calibrated instrument to .100 at 10:49 on 04/10/2016

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
 John Meir 303

TYPE II PERMIT NUMBER/EXPIRATION DATE  
 250303 12/22/2017

TELEPHONE NUMBER  
 (573) 759-6610

**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: 102465  
Version no: 532B

TEST RECORD 00107

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

Air Blank:  
04/10/16 10:46 .000  
Calibration Check:  
22 04/10/16 10:46 .104

Subject Name

TEST #1

Subject I.D.

MEIR 250303

Operator Name, I.D.

MEIR, John

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00108

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

Air Blank:  
04/10/16 10:49 .000  
Calibration Check:  
23 04/10/16 10:49 .100

Subject Name

CALIBRATION

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00109

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

Air Blank:  
04/10/16 10:50 .000  
Calibration Check:  
24 04/10/16 10:50 .099

Subject Name

ACC CHECK

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00110

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

Air Blank:  
04/10/16 10:53 .000  
Calibration Check:  
25 04/10/16 10:53 .099

Subject Name

MAINT #1

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00111

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

Air Blank:  
04/10/16 10:57 .000  
Calibration Check:  
26 04/10/16 10:57 .100

Subject Name

MAINT #2

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

Dixon PD

AS IV Serial no: 102465  
Version no: 532B

TEST RECORD 00112

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

Air Blank:  
04/10/16 10:58 .000  
Calibration Check:  
26 04/10/16 10:58 .099

Subject Name

MAINT #3

Subject I.D.

250303

Operator Name, I.D.

MEIR, John

Location

Dixon PD

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>April MAINTENANCE REPORT</i>	DATE OF TEST <i>4-10-2016</i>
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**OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER**

ALCO-SENSOR SERIAL NO. <i>102465</i>	PRINTER SERIAL NO. <i>.088.3473.063</i>	LOCATION OF INSTRUMENT <i>Dixon Police DEPT</i>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by *MEIR, John 250303*. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

**CERTIFICATION BY OPERATOR**

BAC  
*MAINT REPORT*

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <i>John MEIR</i>	PERMIT NO. <i>250303</i>	EXPIRATION DATE <i>12-22-2017</i>
WITNESS (IF ANY)		DATE <i>4-10-2016</i>



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

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**PERMIT  
 TYPE II**

**JOHN P MEIR**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/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 12/22/2015

NUMBER 250303

EXPIRES 12/22/2017

MD 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)



**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 **MEIR, JOHN**  
 Permit No **250303**  
 Date issued **12/22/2015** Date Expires **12/22/2017**

**RECEIVED**

By Carol Day at 2:51 pm, Dec 21, 2015

**APPROVED**

By Ellen Strawsine at 8:36 am, Dec 22, 2015



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR  NEW PERMIT  RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE  
240313 7-30-2016

PRINT FULL NAME: MEIR, John P. TITLE: Patrolman AGE: 47

DEPARTMENT OR TRUCK: DIXON POLICE DEPARTMENT TELEPHONE: 573-586-0101

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 303 W. ELM ST DIXON MO 65459

EMAIL ADDRESS:

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS  
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
12-11-15	WARRENSBURG SAFETY CENTER	8	AS IV	<input checked="" type="checkbox"/>	BOB WELSH
7-30-14	WARRENSBURG SAFETY CENTER	8	DATA MASTER	<input checked="" type="checkbox"/>	BOB WELSH
7-30-14	WARRENSBURG SAFETY CENTER	8 1/4	EC / IR II	<input checked="" type="checkbox"/>	BOB WELSH
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. INTOXILIZER AS IV	10 OKERS	5 SELF-TESTS OKERS
2. DATA MASTER	2 MRS OKERS	5 SELF-TESTS OKERS
3. EC / IR II	2 MRS OKERS	5 SELF-TESTS OKERS

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: *John P. Meir* DATE: 12-11-2015

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



Missouri Department of Health and Senior Services  
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-8400 FAX: 573-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466  
 Gail Vasterling  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

***SIMULATOR CALIBRATION REPORT***

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

**SIMULATOR INFORMATION**

Agency: DIXON PD  
 Serial Number: SD2279  
 Manufacturer: Guth  
 Model Number: 10-4D

**CALIBRATION RESULTS**

<u>Reference</u>	<u>Simulator</u>
<u>Temperature</u>	<u>Temperature</u>
33.98	34.0

This calibration was performed with  
 NIST-Traceable Thermometer SN: 358440

This simulator was tested by: RWW

This testing was performed: 12/11/2015

This certification expires: 12/11/2016

Signature of certifying DHSS  
 Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine

# MISSOURI SAFETY CENTER SIMULATOR CHECK WORKSHEET



Date: <u>12/11/15</u>	Time: <u>1100</u>	Date Last Checked: <u>12/3/14</u>	Agency: <u>DIXON PD</u>	
Simulator Model:	<input type="checkbox"/> 2100 <input checked="" type="checkbox"/> 10-4D <input type="checkbox"/> 12V500	Simulator Serial #:	<u>SD 2279</u>	
Thermometer serial #:	<u>358440</u>	Email address:	<del>MEIR</del> <u>MEIR, JOHN@GMAIL.COM</u>	
Thermometer certification date:	<u>09/08/15</u>	Agency property #:	<input checked="" type="checkbox"/> none	
Thermometer expiration date:	<u>09/08/16</u>	Thermometer reading	Simulator reading	
1 <sup>st</sup> check time:	<u>1140</u>	<u>33.98</u>	<u>34.0</u>	
2 <sup>nd</sup> check time:	<u>1142</u>	<u>33.97</u>	<u>34.0</u>	
3 <sup>rd</sup> check time:	<u>1144</u>	<u>33.98</u>	<u>34.0</u>	
4 <sup>th</sup> check time:	<u>1146</u>	<u>33.99</u>	<u>34.0</u>	
5 <sup>th</sup> check time:	<u>1148</u>	<u>33.98</u>	<u>34.0</u>	
Average readings:	➔	<u>33.98</u>	<u>34.0</u>	
Bias calculation:		<u>-.02</u>	TECHNICIAN INITIALS: <u>RWW</u>	

This form meets or exceeds the requirements of the Missouri Department of Health breath alcohol program.

Check "o" rings on quick-disconnects and replace as needed.

Check simulator "o" ring and replace as needed.

Check jar for breaks/cracks and replace as needed.

COMMENTS:

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This simulator is operating within DHSS breath alcohol specifications (19CSR 25-30.031).



SIMULATOR SERIAL NO.: SD2279  
 EXPIRATION DATE: 12/01/2016  
 DATE OF CALIBRATION CHECK: 12/11/2015  
 NIST REF. THEM. SERIAL NO.: 0358440  
 AVERAGE SIM. TEMP: 33.98 C  
 ANALYST INITIALS: RWW



## 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 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.*