



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

REPORT # /

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 07/30/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 303 South Elm Street, Dixon MO 65459		TIME OF INSPECTION 11:51

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

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2279 SIMULATOR EXP DATE 12/11/2016

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 ✗ .100
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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)	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).
In Service

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Aaron Baker
TYPE II PERMIT NUMBER/EXPIRATION DATE 250304 12/27/2017	TELEPHONE NUMBER (573) 736-2211

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 17111-4611 • 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 XI, 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 Certified 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: 102465
Version no: 532B

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Version no: 532B

AS IV Serial no: 102465
Version no: 532B

TEST RECORD 00113

TEST RECORD 00114

TEST RECORD 00115

Temp Date Time 210L
Air Blank:
07/30/16 11:51 .000
Calibration Check:
23 07/30/16 11:51 .099

Temp Date Time 210L
Air Blank:
07/30/16 11:53 .000
Calibration Check:
24 07/30/16 11:53 .100

Temp Date Time 210L
Air Blank:
07/30/16 11:55 .000
Calibration Check:
25 07/30/16 11:55 .100

Subject Name
TEST 1
Subject I.D. N/A
Operator Name, I.D. A. BAKER
Location
303 S Elm
Dixon MO

Subject Name
TEST 2
Subject I.D. N/A
Operator Name, I.D. A. BAKER
Location
303 S Elm
Dixon MO

Subject Name
TEST 3
Subject I.D. N/A
Operator Name, I.D. A. BAKER
Location
303 S Elm
Dixon MO

AS IV Serial no: 102465
Version no: 532B

TEST RECORD 00116

Temp Date Time 210L
Air Blank:
07/30/16 11:56 .000
Subject Test: Auto
25 07/30/16 11:56 .000

Subject Name
Blank
Subject I.D.
Operator Name, I.D. A. BAKER
Location
303 S Elm
Dixon MO

AS IV Serial no: 102465
Version no: 532B

TEST RECORD 00117

Temp Date Time 210L
VOID: RFI
12 07/30/16 11:58

Subject Name
RFI
Subject I.D. N/A
Operator Name, I.D. A. BAKER 500
Location
303 S Elm
Dixon MO



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



PERMIT
TYPE II
AARON BAKER

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 12/22/2015

NUMBER 250304

EXPIRES 12/22/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 690 07/1 (0-10)

LAB-1 (018-10)

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 BAKER, AARON
Permit No 250304
Date Issued 12/22/2015 Date Expires 12/22/2017