



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

**RECEIVED**

By Carol Day at 2:31 pm, Jul 05, 2016

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 102470	PRINTER SN 0863419040	DATE OF INSPECTION 06/29/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 10405 St. Charles Rock Road St. Ann		TIME OF INSPECTION 2:44 pm

**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 # 15120 EXP. DATE 04/29/2017
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN MP2948 SIMULATOR EXP DATE 06/15/2017
- 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 $\bullet$ .100	TEST 2 $\bullet$ .099	TEST 3 $\bullet$ .099
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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).

Instrument tested within DOH specifications.

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Patrick Martin 164
TYPE II PERMIT NUMBER/EXPIRATION DATE 260250	TELEPHONE NUMBER (314) 427-8000

**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: 102470  
Version no: 532B

TEST RECORD 00260

Temp Date Time 210L %/

Air Blank:

06/29/16 14:56 .000

Calibration Check:

23 06/29/16 14:56 .099

Subject Name

Smulator

Subject I.D.

June Maint check

Operator Name, I.D.

Po Martin 164

Location

SADD

AS IV Serial no: 102470  
Version no: 532B

TEST RECORD 00259

Temp Date Time 210L %/

Air Blank:

06/29/16 14:51 .000

Calibration Check:

22 06/29/16 14:51 .099

Subject Name

Smulator

Subject I.D.

June Maint check

Operator Name, I.D.

Po Martin 164

Location

SADD

AS IV Serial no: 102470  
Version no: 532B

TEST RECORD 00258

Temp Date Time 210L %/

VOID: RPI

12 06/29/16 14:48

Subject Name

RPI Test

Subject I.D.

June Maint check

Operator Name, I.D.

Po Martin 164

Location

SADD

AS IV Serial no: 102470  
Version no: 532B

TEST RECORD 00257

Temp Date Time 210L %/

Air Blank:

06/29/16 14:44 .000

Calibration Check:

20 06/29/16 14:44 .100

Subject Name

Smulator

Subject I.D.

06-Maint check

Operator Name, I.D.

Po Martin 164

Location

SADD



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

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**PERMIT**  
**TYPE II**  
**PATRICK MARTIN**

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, INTOX EC/IR II**

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 6/27/2016

NUMBER 260250

EXPIRES 6/27/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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 **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 29, 2017** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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.*