



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 102473	PRINTER SN 08C.3527.124	DATE OF INSPECTION 03/03/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802	TIME OF INSPECTION 10:13 pm
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES</u> LOT # <u>15120</u> EXP. DATE <u>04/29/2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD2219</u> SIMULATOR EXP DATE <u>02/03/2017</u>	

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 .101	TEST 2 .102	TEST 3 .101
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 	PRINT NAME RYAN DEVOST
TYPE II PERMIT NUMBER/EXPIRATION DATE 250077 Expires: 04/29/2017	TELEPHONE NUMBER (417) 868-4040

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 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°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

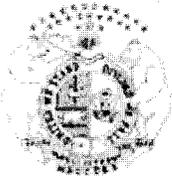
The alcohol and water used in this solution were free of test interfering substances.

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.



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



PERMIT
TYPE II
RYAN DEVOST

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 4/29/2015

NUMBER 250077

EXPIRES 4/29/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 **DEVOST, RYAN**
 Permit No **250077**
 Date Issued **4/29/2015** Date Expires **4/29/2017**

AS IV Serial no: 182473
Version no: 532B

TEST RECORD 00862

Temp Date Time ^{s/} 210L

Air Blank:
03/03/16 22:18 .000
Calibration Check:
24 03/03/16 22:18 .101

Subject Name

TEST # 1
Subject: I.D.

Generator Name: I.D.

Location

GCSO HQ
Reg Dent

AS IV Serial no: 182473
Version no: 532B

TEST RECORD 00863

Temp Date Time ^{s/} 210L

Air Blank:
03/03/16 22:28 .000
Calibration Check:
24 03/03/16 22:28 .102

Subject Name

TEST # 2
Subject: I.D.

Generator Name: I.D.

Location

GCSO HQ
Reg Dent

AS IV Serial no: 182473
Version no: 532B

TEST RECORD 00864

Temp Date Time ^{s/} 210L

Air Blank:
03/03/16 22:21 .000
Calibration Check:
25 03/03/16 22:21 .101

Subject Name

TEST # 3
Subject: I.D.

Generator Name: I.D.

Location

GCSO HQ
Reg Dent

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 00061

Temp Date Time 210L

Air Blank:
03/03/16 22:13 .300
Calibration:
24 03/03/16 22:13 .100

Subject Name

CALIBRATION

Subject I.D.

Operator Name, I.D.

Location

GCSO HQ

Ryan Devost

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 00065

Temp Date Time 210L

Air Blank:
03/03/16 22:23 .300
Calibration:
24 03/03/16 22:23 .100

Subject Name

SOBER SAMPLE

Subject I.D.

Operator Name, I.D.

GCSO HQ

Ryan Devost

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 00066

Temp Date Time 210L

Air Blank:
03/03/16 22:24

Subject Name

RFI SAMPLE

Subject I.D.

Operator Name, I.D.

GCSO HQ

Ryan Devost

Performed on 03/03/16

by RYAN DEVOST

Type II #: 250077

AS-IV # 102473