



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

RECEIVED
 By Carol Day at 8:27 am, Aug 22, 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 105444	PRINTER SN 096.3580.865	DATE OF INSPECTION 08/18/2016
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) Clever Police Department 304 S. Clarke Ave. Clever, Missouri 65631	TIME OF INSPECTION 11:15 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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
--	---

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth</u>	LOT # <u>16080</u>	EXP. DATE <u>03/07/2018</u>
---	--------------------	-----------------------------

<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>SD2259</u>	SIMULATOR EXP DATE <u>02/16/2017</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 .097	TEST 2 .097	TEST 3 .098
--------------	--------------	--------------

- 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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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 Randall E. Bruce
---------------	--------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE Permit Number 250082 Expired 05/11/2017	TELEPHONE NUMBER (417) 743-2544
--	------------------------------------

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: 185444
Version no: 5320

TEST RECORD 86425

Temp Date Time 216L

Air Blank:
08/10/16 11:14 .000
Subject Test: N/A
23 08/10/16 11:14 .000

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

R. Bruce 1801

Location

304 So. Clarke - Clerer PD

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86427

Temp Date Time 216L

VOID: RPT
12 08/10/16 11:16

Subject Name

R.F.F.

Subject I.D.

Operator Name, I.D.

R. Bruce 1801

Location

304 So. Clarke - Clerer PD

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86436

Temp Date Time 216L

Air Blank:
08/10/16 11:16 .000
Calibration Check:
25 08/10/16 11:16 .097

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

R. Bruce 1801

Location

304 So. Clarke - Clerer PD

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86431

Temp Date Time 216L

Air Blank:
08/10/16 11:21 .000
Calibration Check:
25 08/10/16 11:21 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

R. Bruce 1801

Location

304 So. Clarke - Clerer PD

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86432

Temp Date Time 216L

Air Blank:
08/10/16 11:21 .000
Calibration Check:
25 08/10/16 11:21 .098

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

R. Bruce 1801

Location

304 So. Clarke - Clerer PD



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



PERMIT
 TYPE II

RANDALL E BRUCE

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 5/11/2015

NUMBER 250082

EXPIRES 5/11/2017

MO-2009-01-013

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-400-101

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 BRUCE, RANDALL
 Permit No 250082
 Date Issued 5/11/2015 Date Expires 5/11/2017



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 16080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2016, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1210% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 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.



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
 Peter Lyskowski
 Director



Jeremiah W. (Jay) Nixon
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2259 Manufacturer: Guth
 Model Number: 10-4D
 Agency: CLEVER PD
 Agency Address: 304 S CLARKE ST, CLEVER, MO 65631

NIST THERMOMETER INFORMATION

Serial Number: 093752 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 9/8/2015 Date of Expiration: 9/8/2016

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	33.99	0.03

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/16/2016
 Certification Expiration: 2/16/2017
 Simulator testing technician: D. LUCAS

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE
 Certification No: SD2259_2162016

X

DHSS BAP Scientist Approving