



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 <b>105448 - Clinton P.D.</b>	PRINTER SN <b>09B.3591.016</b>	DATE OF INSPECTION <b>9-2-16</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>101 E. Ohio St., Clinton, MO 64735</b>	TIME OF INSPECTION <b>1812</b>
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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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories, Inc LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN SD3509 SIMULATOR EXP DATE 08/24/17

- 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 <b>.100</b>	TEST 2 <b>.100</b>	TEST 3 <b>.099</b>
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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).

- 1 - calibrated instrument then performed maintenance
- 2 - changed batteries
- 3 - changed printer ribbon

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i> 244	PRINT NAME <b>Michael S. Nelson</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>260279 / 08/29/2018</b>	TELEPHONE NUMBER <b>(660) 885-2679</b>
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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: 105448  
Version no: 532B

TEST RECORD 00731

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

Air Blank:  
09/02/16 18:11 .000  
Calibration:  
25 09/02/16 18:11 .100

Subject Name

Calibration

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #260279

Location

Clinton P.D., 101 E. Ohio

Clinton, Mo 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 00732

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

Air Blank:  
09/02/16 18:12 .000  
Calibration Check:  
26 09/02/16 18:12 .100

Subject Name

TEST #1

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #260279

Location

Clinton P.D., 101 E. Ohio

Clinton, Mo 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 00733

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

Air Blank:  
09/02/16 18:15 .000  
Calibration Check:  
26 09/02/16 18:15 .100

Subject Name

TEST #2

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #260279

Location

Clinton P.D., 101 E. Ohio

Clinton, Mo 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 00734

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

Air Blank:  
09/02/16 18:17 .000  
Calibration Check:  
26 09/02/16 18:17 .099

Subject Name

TEST #3

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #260279

Location

Clinton P.D., 101 E. Ohio

Clinton, Mo 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 00735

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

Air Blank:  
09/02/16 18:19 .000  
Subject Test: Auto  
26 09/02/16 18:19 .000

Subject Name

SELF TEST

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #260279

Location

Clinton P.D., 101 E. Ohio

Clinton, Mo 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 00736

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

VOID: RFI  
12 09/02/16 18:20

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #260279

Location

Clinton P.D., 101 E. Ohio

Clinton, Mo 64735



## 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.*



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

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**PERMIT  
 TYPE II**

**MICHAEL S NELSON**

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 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 8/29/2016

NUMBER 260279

EXPIRES 8/29/2018

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

**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 **NELSON, MICHAEL**  
 Permit No **260279**  
 Date Issued **8/29/2016**    Date Expires **8/29/2018**