



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED

By Carol Day at 8:32 am, May 10, 2016

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 105449	PRINTER SN 097.3585.012	DATE OF INSPECTION 05-08-2016
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 200 HIGHLANDS BLVD DR MANCHESTER MO 63011	TIME OF INSPECTION 1550
---	----------------------------

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) 23°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LOT # 15220 EXP. DATE 09-28-2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIMULATOR SN S02293 SIMULATOR EXP DATE 10-13-2016

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 <u>.100</u>	TEST 2 <u>.100</u>	TEST 3 <u>.100</u>
--------------------	--------------------	--------------------

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 <u>2</u>	(0-.04) <u>2</u>	(.05-.09) <u>2</u>	(.10-.14) <u>2</u>	(.15-.19) <u>2</u>	(OVER .19) <u>2</u>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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 <u>[Signature]</u>	PRINT NAME <u>SGT DAN WEST</u>
---------------------------------	-----------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE <u>250222 10-14-2017</u>	TELEPHONE NUMBER <u>(636) 227-1410</u>
---	---

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: 185449
Version no: 532B

TEST RECORD 00321

Temp Date Time ^{s/} 210L

Air Blank:
05/08/16 15:52 .000
Calibration Check:
23 05/08/16 15:52 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Sgw
Location

AS IV Serial no: 185449
Version no: 532B

TEST RECORD 00322

Temp Date Time ^{s/} 210L

Air Blank:
05/08/16 15:54 .000
Calibration Check:
24 05/08/16 15:54 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Sgw
Location

AS IV Serial no: 185449
Version no: 532B

TEST RECORD 00323

Temp Date Time ^{s/} 210L

Air Blank:
05/08/16 15:55 .000
Calibration Check:
24 05/08/16 15:55 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Sgw
Location

AS IV Serial no: 185449
Version no: 532B

TEST RECORD 00324

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/08/16 15:57

Subject Name

Subject I.D.

Operator Name, I.D.

Sgw
Location



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



PERMIT
TYPE II
DAN E WEST

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 10/14/2015

NUMBER 250222

EXPIRES 10/14/2017

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 WEST, DAN
 Permit No 250222
 Date Issued 10/14/2015 Date Expires 10/14/2017



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 **15220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 30, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 28, 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.