



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 107977	PRINTER SN 096.3580.877	DATE OF INSPECTION 01/06/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main St, Excelsior Springs, MO		TIME OF INSPECTION 12:36 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 LOT # 15120 EXP. DATE 04/29/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR5383 SIMULATOR EXP DATE 07/15/2015

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 .098

TEST 2 .099

TEST 3 .099

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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	2	(OVER .19)	1
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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).

Taken out of service on 12/26/2015 for error message V04. Repaired at Missouri Safety Center on 01/06/2015. Returned to service.

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Brian K Kennedy

TYPE II PERMIT NUMBER/EXPIRATION DATE
250071 / 03/31/2017

TELEPHONE NUMBER
(816) 630-2000

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: 167977
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 06287

Temp Date Time 216L

VOID: RFI
12 01/06/16 12:40

Subject Name

SIMULATOR
Subject I.D.

Operator Name, I.D.

KENNEDY 911
Location
301 S MAIN

EX SPRING, MO

AS IV Serial no: 167977
Version no: 532B

TEST RECORD 06288

Temp Date Time 216L

Air Blank:
01/06/16 12:43 .088
Calibration Check:
22 01/06/16 12:43 .858

Subject Name

SIMULATOR
Subject I.D.

Operator Name, I.D.

KENNEDY 911
Location
301 S MAIN
EX SPRING, MO

IV Serial no: 167977
Version no: 532B

TEST RECORD 06289

Temp Date Time 216L

Air Blank:
01/06/16 12:45 .088
Calibration Check:
23 01/06/16 12:45 .099

Subject Name

SIMULATOR
Subject I.D.

Operator Name, I.D.

KENNEDY 911
Location
301 S MAIN
EX SPRING, MO

AS IV Serial no: 167977
Version no: 532B

TEST RECORD 06218

Temp Date Time 216L

Air Blank:
01/06/16 12:46 .088
Calibration Check:
23 01/06/16 12:46 .099

Subject Name

SIMULATOR
Subject I.D.

Operator Name, I.D.

KENNEDY 911
Location
301 S MAIN
EX SPRING, MO



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



**PERMIT
TYPE II**

BRIAN K KENNEDY

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 **3/31/2015**

NUMBER **250071**

EXPIRES **3/31/2017**

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580 (01/14) 101

LAE-3 (06/10)

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 **KENNEDY, BRIAN**
Permit No **250071**
Date Issued **3/31/2015** Date Expires **3/31/2017**

**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 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 $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$, 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.