



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 03/01/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main St, Excelsior Springs, MO		TIME OF INSPECTION 3:01 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 06/05/2016

- 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 .100 TEST 2 .100 TEST 3 .100

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

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

**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.

68 IU Serial no: 187977
Version no: 0029

TEST RECORD 00295

Time Date Time Z:BL

Run Blank
03/01/16 15:00 000
Calibration Check
03/01/16 15:01 100

Operator Name: J.B.
KENNEDY 911
Location
301 S MAIN
EX SPAN, MO

68 IU Serial no: 187977
Version no: 0029

TEST RECORD 00295

Time Date Time Z:BL

Run Blank
03/01/16 15:00 000
Calibration Check
03/01/16 15:03 100

Operator Name: J.B.
KENNEDY 911
Location
301 S MAIN
EX SPAN, MO

68 IU Serial no: 187977
Version no: 0029

TEST RECORD 00295

Time Date Time Z:BL

Run Blank
03/01/16 15:00

Operator Name: J.B.
KENNEDY 911
Location
301 S MAIN
EX SPAN, MO

Operator Name: J.B.

KENNEDY 911

Location

301 S MAIN

EX SPAN, MO

68 IU Serial no: 187977
Version no: 0029

TEST RECORD 00295

Time Date Time Z:BL

Run Blank
03/01/16 15:00 000
Calibration Check
03/01/16 15:01 100

Operator Name: J.B.
KENNEDY 911
Location
301 S MAIN
EX SPAN, MO

Operator Name: J.B.

KENNEDY 911

Location

301 S MAIN

EX SPAN, 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.

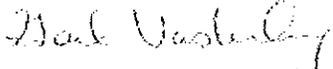
DATE **3/31/2015**

NUMBER **250071**

EXPIRES **3/31/2017**

MSHA-AD-07-1-05-103


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

1-954-935-103

 **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**