



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 05/14/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main Street, Excelsior Springs		TIME OF INSPECTION 3:36 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 Laboratories, Inc. LOT # 16040 EXP. DATE 01/20/2018

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 \Rightarrow .099 TEST 2 \Rightarrow .099 TEST 3 \Rightarrow .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 4 | (0-.04) 0 | (.05-.09) 1 | (.10-.14) 0 | (.15-.19) 1 | (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 SSgt. Larry Tarrant
TYPE & PERMIT NUMBER/EXPIRATION DATE 240309 / 07/22/2016	TELEPHONE NUMBER (816) 629-7103

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 16040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2016, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 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.

AS IU Serial no: 102977
Version no: 0020

TEST RECORD 00290

Form Date Time 210L

Air Blank
05/14/16 10:30 .000
Calibration Check
04 05/14/16 10:30 .000

Subject Name

Monthly MAINTENANCE

Subject I.D.

N/A

Operator Name I.D.

TARRANT/240309

Location

301 S. Main St.

AS IU Serial no: 102977
Version no: 0020

TEST RECORD 00291

Form Date Time 210L

Air Blank
05/14/16 10:30 .000
Calibration Check
04 05/14/16 10:30 .000

Subject Name

Monthly MAINTENANCE

Subject I.D.

N/A

Operator Name I.D.

TARRANT/240309

Location

301 S. Main St.

AS IU Serial no: 102977
Version no: 0020

TEST RECORD 00292

Form Date Time 210L

Air Blank
05/14/16 10:40 .000
Calibration Check
04 05/14/16 10:40 .000

Subject Name

Monthly MAINTENANCE

Subject I.D.

N/A

Operator Name I.D.

TARRANT/240309

Location

301 S. Main St.

AS IU Serial no: 102977
Version no: 0020

TEST RECORD 00290

Form Date Time 210L

AIR BLANK
12 05/14/16 10:40

Subject Name

Monthly MAINTENANCE

Subject I.D.

N/A

Operator Name I.D.

TARRANT/240309

Location

301 S. Main St.



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



**PERMIT
TYPE II**

LARRY L TARRANT II

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 7/22/2014

NUMBER 240309

EXPIRES 7/22/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 580-0771 (6-10)

LAB-4 (R5-10)

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 TARRANT II, LARRY
Permit No 240309
Date Issued 7/22/2014 Date Expires 7/22/2016