



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 07/24/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main St, Excelsior Springs, MO	TIME OF INSPECTION 3:12 am
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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 LOT # _____ EXP. DATE _____

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR5383 SIMULATOR EXP DATE 06/02/2017

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 .099

TEST 2 .099

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	1	(0-.04)	1	(.05-.09)	1	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250071 / 03/31/2017	TELEPHONE NUMBER (816) 630-2000
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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

**GUTH LABORATORIES, INC.**

690 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 16080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2016, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1210% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 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.

HS IV Serial no: 107977
Version no: 532B

TEST RECORD 00367 s/
Temp Date Time 210L

Air Blank: 07/24/16 03:16 .000
Calibration Check: 07/24/16 03:16 .100
25 07/24/16 03:16

Subject Name
SMULATOL

Subject I.D.

Operator Name, I.D.
MAIN 911

Operator Name, I.D.
KEMLEBY 911

Location
301 S MAIN

EX SPEAS, MO

HS IV Serial no: 107977
Version no: 532B

TEST RECORD 00368 s/
Temp Date Time 210L

VOID: RFI
12 07/24/16 03:18

Subject Name
SMULATOL

Subject I.D.

Operator Name, I.D.
MAIN 911

Operator Name, I.D.
KEMLEBY 911

Location
301 S MAIN

EX SPEAS, MO

HS IV Serial no: 107977
Version no: 532B

TEST RECORD 00365 s/
Temp Date Time 210L

Air Blank: 07/24/16 03:14 .000
Calibration Check: 07/24/16 03:14 .099
25 07/24/16 03:14

Subject Name
SMULATOL

Subject I.D.

Operator Name, I.D.
MAIN 911

Operator Name, I.D.
KEMLEBY 911

Location
301 S MAIN

EX SPEAS, MO

HS IV Serial no: 107977
Version no: 532B

TEST RECORD 00366 s/
Temp Date Time 210L

Air Blank: 07/24/16 03:15 .000
Calibration Check: 07/24/16 03:15 .099
25 07/24/16 03:15

Subject Name
SMULATOL

Subject I.D.

Operator Name, I.D.
MAIN 911

Operator Name, I.D.
KEMLEBY 911

Location
301 S MAIN

EX SPEAS, 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

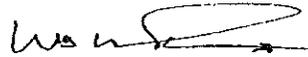
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

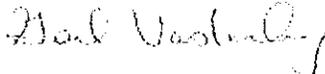
DATE **3/31/2015**

NUMBER **250071**

EXPIRES **3/31/2017**

MO-59 07/16/15


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 436 150

 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**