



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 108268	PRINTER SN 099.3586.791	DATE OF INSPECTION 4/25/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 1781 Zumbetti Rd., St. Charles, Mo 63303		TIME OF INSPECTION 1651hrs

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) **ok**

TEMPERATURE OF ALCO SENSOR (10°C - 40°C) **ok**

PRINTER WORKING PROPERLY **ok**

TIME AND DATE DISPLAYING PROPERLY **ok**

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **Guth Laboratories** LOT # **15120** EXP. DATE **4/29/2017**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°C** SIMULATOR SN **SD2248** SIMULATOR EXP DATE **1/4/2017**

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 **.100** TEST 2 **.100** TEST 3 **.101**

RFI DETECTOR OPERATING **ok**

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) **0** (.10-.14) **1** (.15-.19) **0** (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 **Daniel Gibbons 324**

PRINT NAME **Daniel Gibbons 324**

TYPE II PERMIT NUMBER/EXPIRATION DATE **250021 1/20/2017**

TELEPHONE NUMBER **(636) 949-3300**

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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.

AS IV Serial no: 108268
Version no: 532B

TEST RECORD 00223

Temp	Date	Time	s/ 210L
Air Blank:			
	04/25/16	16:51	.000
Calibration Check:			
	20 04/25/16	16:51	.100

Subject Name

Subject I.D.

Operator Name, I.D.

D. Gibbons 324

Location

1781 Zumbetti Rd.

St. Charles, Mo 63303

AS IV Serial no: 108268
Version no: 532B

TEST RECORD 00224

Temp	Date	Time	s/ 210L
Air Blank:			
	04/25/16	16:52	.000
Calibration Check:			
	20 04/25/16	16:52	.100

Subject Name

Subject I.D.

Operator Name, I.D.

D. Gibbons 324

Location

1781 Zumbetti Rd.

St. Charles, Mo 63303

AS IV Serial no: 108268
Version no: 532B

TEST RECORD 00225

Temp	Date	Time	s/ 210L
Air Blank:			
	04/25/16	16:53	.000
Calibration Check:			
	20 04/25/16	16:53	.101

Subject Name

Subject I.D.

Operator Name, I.D.

D. Gibbons 324

Location

1781 Zumbetti Rd.

St. Charles, Mo 63303

AS IV Serial no: 108268
Version no: 532B

TEST RECORD 00226

Temp	Date	Time	s/ 210L
VOID: RFI			
	12 04/25/16	17:02	

Subject Name

Subject I.D.

Operator Name, I.D.

D. Gibbons 324

Location

1781 Zumbetti Rd.

St. Charles, Mo 63303