



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE

RECEIVED

By Carol Day at 8:51 am, Aug 01, 2016

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 <u>108 268</u>	PRINTER SN <u>099.3586.791</u>	DATE OF INSPECTION <u>7/31/2016</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1781 Zumbel Rd, St. Charles, Mo. 63303</u>		TIME OF INSPECTION <u>0813</u>

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	<u>ok</u>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<u>ok</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<u>ok</u>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<u>ok</u>

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Cuth Laboratories</u> LOT # <u>15120</u> EXP. DATE <u>4/29/2017</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0°C</u> SIMULATOR SN <u>502248</u> SIMULATOR EXP DATE <u>1/4/2017</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 <u>.098</u>	TEST 2 <u>.098</u>	TEST 3 <u>.098</u>
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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	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>0</u>
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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 <u>P.O. Daniel Allen 196</u>	PRINT NAME <u>P.O. Daniel Allen 196</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>250018 1/20/2017</u>	TELEPHONE NUMBER <u>(636) 999-3300</u>

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: 108268
Version no: 532B

TEST RECORD 00248

Temp Date Time ^{9/} 210L

Air Blank:
07/31/16 08:29 .000
Calibration Check:
20 07/31/16 08:29 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbel

St. Charles, Mo.

AS IV Serial no: 108268
Version no: 532B

TEST RECORD 00246

Temp Date Time ^{9/} 210L

Air Blank:
07/31/16 08:25 .000
Calibration Check:
19 07/31/16 08:25 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbel

St. Charles, Mo.

AS IV Serial no: 108268
Version no: 532B

TEST RECORD 00249

Temp Date Time ^{9/} 210L

VOID: RFI
12 07/31/16 08:31

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbel

St. Charles, Mo.

AS IV Serial no: 108268
Version no: 532B

TEST RECORD 00247

Temp Date Time ^{9/} 210L

Air Blank:
07/31/16 08:27 .000
Calibration Check:
20 07/31/16 08:27 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Allen 196

Location

1781 Zumbel

St. Charles, Mo.



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 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.



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

2

**PERMIT
 TYPE II**

JARED T ROARK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT

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 10/3/2014

NUMBER 240357

EXPIRES 10/3/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (R6-10)

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 **ROARK, JARED**
 Permit No **240357**
 Date Issued **10/3/2014** Date Expires **10/3/2016**