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By Carol Day at 7:47 am, Aug 09, 2016

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 111328	PRINTER SN 099.3586.579	DATE OF INSPECTION 08/08/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 218 N. State Street, Knob Noster	TIME OF INSPECTION 5:52 pm
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>160080</u> EXP. DATE <u>03/07/2018</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD2231</u> SIMULATOR EXP DATE <u>04/27/2017</u>	

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 .103	TEST 2 .103	TEST 3 .102
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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)	0	(.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).

Monthly Maintenance. Functioning correctly within Department of Health Standards.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Lt. Karl Van Vickle
TYPE II PERMIT NUMBER/EXPIRATION DATE 260214 / 05/03/2018	TELEPHONE NUMBER (660) 563-2233

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



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

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**PERMIT
 TYPE II**

KARL E VAN VICKLE

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 5/3/2016

NUMBER 260214

EXPIRES 5/3/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 VAN VICKLE, KARL
 Permit No 260214
 Date Issued 5/3/2016 Date Expires 5/3/2018



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Peter Lyskowski
 Director



Jeremiah W. (Jay) Nixon
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2231 **Manufacturer:** Guth
Model Number: 10-4D
Agency: KNOB NOSTER PD
Agency Address: 218 N STATE, KNOB NOSTER, MO 65336

NIST THERMOMETER INFORMATION

Serial Number: 093752 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 9/8/2015 **Date of Expiration:** 9/8/2016

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	34.01	.032

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/27/2016
Certification Expiration: 4/27/2017
Simulator testing technician: R WELSH

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE
Certification No: SD2231_4272016

X

DHSS BAP Scientist Approving

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00081

Temp Date Time ^{s/} 210L

Air Blank:
08/08/16 17:52 .000
Calibration Check:
23 08/08/16 17:52 .000
Monthly Maint
Subject Name

Blank Sample ✓
Subject I.D.

Lt. K. Van Vekle
Operator Name, I.D.

Location

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00082

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/08/16 17:54
Monthly Maint
Subject Name

RFI Check
Subject I.D.

Lt. K. Van Vekle
Operator Name, I.D.

Location

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00083

Temp Date Time ^{s/} 210L

Air Blank:
08/08/16 17:56 .000
Calibration Check:
24 08/08/16 17:56 .103
Monthly Maint
Subject Name

TEST #1
Subject I.D.

Lt. K. Van Vekle
Operator Name, I.D.

Location

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00084

Temp Date Time ^{s/} 210L

Air Blank:
08/08/16 17:58 .000
Calibration Check:
24 08/08/16 17:58 .103
Monthly Maint
Subject Name

TEST #2
Subject I.D.

Lt. K. Van Vekle
Operator Name, I.D.

Location

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00085

Temp Date Time ^{s/} 210L

Air Blank:
08/08/16 18:00 .000
Calibration Check:
25 08/08/16 18:00 .102
MONTHLY MAINT
Subject Name

TEST #3
Subject I.D.

Lt. K. Van Vekle
Operator Name, I.D.

Location



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