



RECEIVED

By Carol Day at 2:10 pm, Jun 21, 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 111650	PRINTER SN 09B.3589.509	DATE OF INSPECTION 06/20/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 4608 Oakridge Blvd. Northwoods		TIME OF INSPECTION 2:35 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 LOT # 14200 EXP. DATE 08/05/2016

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 C SIMULATOR SN MP3573 SIMULATOR EXP DATE 05/05/2017

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 .099

TEST 3 .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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

Operating within DHSS guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Thiemann, Shawn
TYPE II PERMIT NUMBER/EXPIRATION DATE 240401 11/13/2016	TELEPHONE NUMBER (314) 385-3111

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: 111650
Version no: 532B

TEST RECORD 00024

Temp	Date	Time	s/
		210L	

VOID: RFI
12 06/20/16 14:43

Subject Name

RFI-TEST

Subject I.D.

Operator Name, I.D.

THEMANN 240401

Location

4608 OAKLAGE BLVD

ST. LOUIS, MO 63121

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00023

Temp	Date	Time	s/
		210L	

Air Blank:
06/20/16 14:42 .000

Calibration Check:
25 06/20/16 14:42 .099

Subject Name

TEST-3

Subject I.D.

Operator Name, I.D.

THEMANN 240401

Location

4608 OAKLAGE BLVD

ST. LOUIS, MO 63121

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00022

Temp	Date	Time	s/
		210L	

Air Blank:
06/20/16 14:40 .000

Calibration Check:
24 06/20/16 14:40 .099

Subject Name

TEST-2

Subject I.D.

Operator Name, I.D.

THEMANN 240401

Location

4608 OAKLAGE BLVD

ST. LOUIS, MO 63121

AS IV Serial no: 111650
Version no: 532B

TEST RECORD 00021

Temp	Date	Time	s/
		210L	

Air Blank:
06/20/16 14:38 .000

Calibration Check:
23 06/20/16 14:38 .100

Subject Name

TEST-1

Subject I.D.

Operator Name, I.D.

THEMANN 240401

Location

4608 OAKLAGE BLVD

ST. LOUIS, MO 63121



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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, 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 August 5, 2016 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.



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: MP3573 **Manufacturer:** Guth
Model Number: 12Y500
Agency: NORTHWOODS PD
Agency Address: 4608 OAKRIDGE, NORTHWOODS, MO 63121

NIST THERMOMETER INFORMATION

Serial Number: 358440 **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>
33.99	34.01	.04

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/5/2016
Certification Expiration: 5/5/2017
Simulator testing technician: R WELSH

Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE
Certification No: MP3573_552016

X

DHSS BAP Scientist Approving



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

2

**PERMIT
TYPE II**

SHAWN J THIEMANN

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, INTOX EC/IR II

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 11/13/2014

NUMBER 240401

EXPIRES 11/13/2016

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **THIEMANN, SHAWN**
Permit No **240401**
Date Issued **11/13/2014** Date Expires **11/13/2016**