

RECEIVED

By Carol Day at 2:11 pm, Jun 28, 2016

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 111760	PRINTER SN 09B.3589.441	DATE OF INSPECTION 06/27/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Johnson County Sheriff's Office 278 SW 871 Rd Centerview MO 64019		TIME OF INSPECTION 2:17 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 LOT # 16040 EXP. DATE 01/20/2018 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2264 SIMULATOR EXP DATE 01/21/2017 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 ← .101

TEST 2 ← .101

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	0	(0-.04)	1	(.05-.09)	1	(.10-.14)	2	(.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).

This instrument is operating in accordance to MODHSS standards

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Robert Watkins

TYPE II PERMIT NUMBER/EXPIRATION DATE

260208 0503/2018

TELEPHONE NUMBER

(660) 747-6469

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: 111760
Version no: 532B

TEST RECORD 00081

Temp Date Time ^{s/} 210L

Air Blank:
06/27/16 14:17 .000
Calibration Check:
23 06/27/16 14:17 .101

Subject Name

MASAREWANYE #1
Subject I.D.

#260208
Operator Name, I.D.

[Signature] 3017
Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00082

Temp Date Time ^{s/} 210L

Air Blank:
06/27/16 14:18 .000
Calibration Check:
23 06/27/16 14:18 .101

Subject Name

MASAREWANYE #2
Subject I.D.

#260208
Operator Name, I.D.

[Signature] 3017
Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00083

Temp Date Time ^{s/} 210L

Air Blank:
06/27/16 14:20 .000
Calibration Check:
24 06/27/16 14:20 .100

Subject Name

MASAREWANYE #3
Subject I.D.

#260208
Operator Name, I.D.

[Signature] 3017
Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00084

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/27/16 14:22

Subject Name

RFI!
Subject I.D.

#260208
Operator Name, I.D.

[Signature] 3017
Location

JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00085

Temp Date Time ^{s/} 210L

Air Blank:
06/27/16 14:24 .000
Subject Test: Auto
24 06/27/16 14:24 .000

Subject Name

SELF-TEST
Subject I.D.

#260208
Operator Name, I.D.

[Signature] 3017
Location

JCSO



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 16040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **January 22, 2016**, 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 **January 20, 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.



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

2

PERMIT
TYPE II

ROBERT G WATKINS

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 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 5/3/2016


 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 260208

EXPIRES 5/3/2018


 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 WATKINS, ROBERT
 Permit No 260208
 Date Issued 5/3/2016 Date Expires 5/3/2018