



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

RECEIVED

By Tracy Crews at 8:43 am, Sep 16, 2020

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 030810	PRINTER SN 84.9324.143	DATE OF INSPECTION 09/14/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street	TIME OF INSPECTION 15:28 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</u>	LOT # <u>19370</u> EXP. DATE <u>12/09/2021</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIMULATOR SN <u>MP2946</u> SIMULATOR EXP DATE <u>02/20/2021</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 <u>.096</u>	TEST 2 <u>.097</u>	TEST 3 <u>.096</u>
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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 <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).

N/A

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Jarrod Schiereck
TYPE II PERMIT NUMBER/EXPIRATION DATE 200225-08/13/2022	TELEPHONE NUMBER (417) 876-2313

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: 030810
Version no: 532B

TEST RECORD 00302

Temp	Date	Time	s/ 210L
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Air Blank:
09/14/20 15:28 .000
Calibration Check:
21 09/14/20 15:28 .000

Subject Name

BLANK TEST

Subject I.D.

Operator Name, I.D. 109

Jared Schreck

Location

1207 South Main

Edonado Springs

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00303

Temp	Date	Time	s/ 210L
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Air Blank:
09/14/20 15:30 .000
Calibration Check:
21 09/14/20 15:30 .096

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D. 109

Jared Schreck

Location

1207 South Main

Edonado Springs

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00304

Temp	Date	Time	s/ 210L
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Air Blank:
09/14/20 15:31 .000
Calibration Check:
22 09/14/20 15:31 .097

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D. 109

Jared Schreck

Location

1207 South Main

Edonado Springs

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00305

Temp	Date	Time	s/ 210L
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Air Blank:
09/14/20 15:33 .000
Calibration Check:
23 09/14/20 15:33 .096

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D. 109

Jared Schreck

Location

1207 South Main

Edonado Springs

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00306

Temp	Date	Time	s/ 210L
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VOID: RFI
12 09/14/20 15:34

Subject Name

R.F.I TEST

Subject I.D.

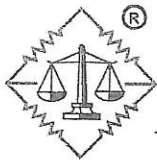
Operator Name, I.D. 109

Jared Schreck

Location

1207 South Main

Edonado Springs



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 **19370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1199%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 9, 2021** 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 FN04271602 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.

