



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 8:18 am, Jul 10, 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 087978	PRINTER SN 84.9324.153	DATE OF INSPECTION 07/05/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 109 North Second Street Owensville		TIME OF INSPECTION 4:30 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 # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD-2300 SIMULATOR EXP DATE 02/07/2021

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 \Rightarrow .103	TEST 2 \Rightarrow .102	TEST 3 \Rightarrow .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)	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).

Instrument operating satisfactorily and within established limits.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Jonathan Scott Griffith
TYPE II PERMIT NUMBER/EXPIRATION DATE 290108/05-21-2021	TELEPHONE NUMBER (573) 437-2195

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: 087978
Version no: 532B

TEST RECORD 00487

Temp	Date	Time	210L

Air Blank:			
	07/05/20	16:30	.000
Subject Test: Auto			
	23 07/05/20	16:30	.000

Air Blank:
07/05/20 16:30 .000
Subject Test: Auto
23 07/05/20 16:30 .000

Subject Name

Subject I.D.

Blank Test

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00488

Temp	Date	Time	210L

Air Blank:			
	07/05/20	16:33	.000
Calibration Check:			
	23 07/05/20	16:33	.103

Air Blank:
07/05/20 16:33 .000
Calibration Check:
23 07/05/20 16:33 .103

Subject Name

Subject I.D.

Check 1

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00489

Temp	Date	Time	210L

Air Blank:			
	07/05/20	16:35	.000
Calibration Check:			
	24 07/05/20	16:35	.102

Air Blank:
07/05/20 16:35 .000
Calibration Check:
24 07/05/20 16:35 .102

Subject Name

Subject I.D.

Check 2

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00490

Temp	Date	Time	210L

Air Blank:			
	07/05/20	16:38	.000
Calibration Check:			
	24 07/05/20	16:38	.102

Air Blank:
07/05/20 16:38 .000
Calibration Check:
24 07/05/20 16:38 .102

Subject Name

Subject I.D.

Check 3

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00491

Temp	Date	Time	210L

VOID: RFI			
	12 07/05/20	16:40	

VOID: RFI
12 07/05/20 16:40

Subject Name

Subject I.D.

Check-RFI

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

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°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 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.



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

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**PERMIT
 TYPE II**

JONATHAN S GRIFFITH

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 5/21/2019

NUMBER 290108

EXPIRES 5/21/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES