

By Tracy Crews at 12:50 pm, Oct 14, 2020



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 Send copy to Department of Health and Se | e of the regular monthlenior Services; retain or | y preventative mainte ginal in department f | enance check, and ile. | d whenever instrument is repaired | |
|--|--|--|------------------------------------|--------------------------------------|--|
| ALCO SENSOR IV SN 087978 | NAME OF AGENCY Owensville PD | | | DATE OF INSPECTION 10/07/2020 | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 109 North Second Street Owensville | | | | TIME OF INSPECTION 10:50 pm | |
| CHECKLIST: Place a mark in the box by ea where determined.) Unmarked items must | ch item if found to be sat be corrected before usir | isfactory or if operating instrument. | ng within establish | ed limits. (Write in observed values | |
| DIGITAL READOUT (ALL ELEMENTS | | - | | | |
| ☑ TEMPERATURE OF ALCO SENSOR (| 10°C - 40°C) | | | | |
| PRINTER WORKING PROPERLY | | | | | |
| ☑ TIME AND DATE DISPLAYING PROPE | ERLY | | | | |
| BREATH ALCOHOL ACCURACY STANDA | ARDS | | | | |
| SIMULATOR SOLUTION | | ☐ COMPRESS | ED ETHANOL-GA | AS MIXTURE | |
| STANDARD SUPPLIER Guth Laborat | ories | LOT # 20190 | EXP. DATE | 04/06/2022 | |
| SIMULATOR TEMPERATURE (34°C ± | 0.2°C) <u>34.0</u> s | SIM. SNSD23 | 00 SIM. N | NIST EXP DATE 01/23/2021 | |
| 0.100% STANDARD - MUST REAL 0.080% STANDARD - MUST REAL 0.040% STANDARD - MUST REAL | DETWEEN 0.076% at | nd 0.084% INCLUSIV | /E | | |
| TEST 1 ▼ .100 | TEST 2 ■ .100 | | TEST 3 		 .100 | | |
| RFI DETECTOR OPERATING | | | | | |
| INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED | STS IN THE FOLLOWIF TESTS) | NG RANGES SINCE | THE LAST MAIN | ITENANCE REPORT: | |
| REFUSALS 0 (004) 0 | (.0509) 0 | (.1014) 0 | (.1519) | 0 (OVER .19) 0 | |
| List any new parts and describe any alterati established limits (use other side if necessar | on or modification that y). | was made to restore | the instrument to | operate satisfactorily and within | |
| Instrument operating satisfactorily and v | vithin established limit | ts. | | - | |
| | 14. | | | | |
| | | | | | |
| NSPECTING OFFICER | | | | | |
| IGNATURE SYMME | | | PRINT NAME Jonathan Scott Griffith | | |
| YPE II PERMIT NUMBER/EXPIRATION DATE 290108/05-21-2021 | | | TELEPHONE NUMBER (573) 437-2195 | | |
| leturn completed report to the: Breath Alby mail, f | cohol Program, MO De ax, or email. | partment of Health ar | | es, Southeast District Office | |

AS IV Serial no: 087978 Version no: 532B

TEST RECORD 00502

Temp Date Time 210L

Air Blank: 10/07/20 22:50 .000 Subject Test: Auto 24 10/07/20 22:50 .000

Subject Name

Subject I.D.

Blank Test

Operator Name, I.D.

GRIFFITH 104

Oute wille D

AS IV Serial no: 087978 Version no: 532B

TEST RECORD 00503

Temp Date Time 210L

Air Blank:

10/07/20 22:53 .000

Calibration Check:

24 10/07/20 22:53 .100

Subject Name

Subject I.D.

Check

Operator Name, I.D.

GRIFFITH 104

Location

OWENSVIlle PD

AS IV Serial no: 087978 Version no: 532B

TEST RECORD 00504

Temp Date Time 210L

Air Blank:

10/07/20 22:56 .000

Calibration Check:

25 10/07/20 22:56 .100

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 00505

9/ Temp Date Time 210L

Air Blank: 10/07/20 22:58 .000 Calibration Check: 26 10/07/20 22:58 .100

Subject Name

Subject I.D.

Operator Name, I.D.

GRIFFITH 104

Location

OWENSVIlle PD

AS IV Serial no: 087978 Version no: 532B

TEST RECORD 00506

9/ Temp Date Time 210L

VOID: RFI

12 10/07/20 23:01

Subject Name

Subject I.D.

Check-RFI

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 8, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is April 6, 2022 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 FN02271802 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



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.

| • | |
|--------------------|--|
| DATE5/21/2019 | wonte |
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 290108 | |
| EXPIRES 5/21/2021 | for U Willen |
| | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |
| MO 580-0771 (6-10) | LAB-4 (B6-10) |