



**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 087978	NAME OF AGENCY Owensville PD	DATE OF INSPECTION 11/05/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 109 North Second Street Owensville		TIME OF INSPECTION 9:50 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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u>	LOT # <u>20190</u> EXP. DATE <u>04/06/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD2300</u> SIM. NIST EXP DATE <u>01/23/2021</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 \leftarrow .102	TEST 2 \leftarrow .101	TEST 3 \leftarrow .101
--------------------------	--------------------------	--------------------------

- 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)	1	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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 <i>Jonathan Scott Griffith</i>	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 by mail, fax, or email.

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00508

Temp Date Time ^{g/} 210L

Air Blank:
11/05/20 21:50 .000
Subject Test: Auto
22 11/05/20 21:50 .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 00509

Temp Date Time ^{g/} 210L

Air Blank:
11/05/20 21:52 .000
Calibration Check:
22 11/05/20 21:52 .102

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 00510

Temp Date Time ^{g/} 210L

Air Blank:
11/05/20 21:55 .000
Calibration Check:
23 11/05/20 21:55 .101

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 00511

Temp Date Time ^{g/} 210L

Air Blank:
11/05/20 21:57 .000
Calibration Check:
23 11/05/20 21:57 .101

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 00512

Temp Date Time ^{g/} 210L

VOID: RFI
12 11/05/20 22:00

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: 717-564-5470

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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 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

2

**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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)