



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

**RECEIVED**

By Tracy Crews at 8:19 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<br><b>099362</b> | PRINTER SN<br><b>097.3584.362</b> | DATE OF INSPECTION<br><b>9 July 2020</b> |
|------------------------------------|-----------------------------------|--|

|  |                                   |
|--|-----------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>1031 VANDENBERG AVE, WITTEMAN AFB</b> | TIME OF INSPECTION<br><b>0755</b> |
|--|-----------------------------------|

**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 # 18370                      EXP. DATE 5 Dec 2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0                      SIMULATOR SN mp2935                      SIMULATOR EXP DATE 7 July 21

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 <b>.100 %</b> | TEST 2 <b>.099 %</b> | TEST 3 <b>.099 %</b> |
|----------------------|----------------------|----------------------|

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 <b>0</b> | (0-.04) <b>0</b> | (.05-.09) <b>0</b> | (.10-.14) <b>01</b> | (.15-.19) <b>0</b> | (OVER .19) <b>0</b> |
|-------------------|------------------|--------------------|---------------------|--------------------|---------------------|

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).

**INSPECTING OFFICER**

|               |  |
|---------------|--|
| SIGNATURE<br> | PRINT NAME<br><b>Thomas G. Huffles</b> |
|---------------|--|

|  |   |
|--|---|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>290003 / 04 JAN 2021</b> | TELEPHONE NUMBER<br><b>660-687-1821</b> |
|--|---|

**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



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

2

**PERMIT**  
**TYPE II**  
**THOMAS G HUTFLES**

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 1/4/2019

NUMBER 290003

EXPIRES 1/4/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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** HUTFLES, THOMAS  
**Permit No** 290003  
**Date Issued** 1/4/2019 **Date Expires** 1/4/2021





# 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 **18370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 6, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 5, 2020** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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.*

HS IV Serial no: 099362  
Version no: 532B

TEST RECORD 01285

Temp Date Time 210L

Air Blank: 07/09/20 07:58 .000

Subject Test: Auto  
23 07/09/20 07:58 .100

Subject Name

290003

Subject I.D.

Operator Name, I.D.

Thomas G. Herties

Location

HS IV Serial no: 099362  
Version no: 532B

TEST RECORD 01286

Temp Date Time 210L

Air Blank: 07/09/20 08:01 .000

Subject Test: Auto  
23 07/09/20 08:01 .099

Subject Name

290003

Subject I.D.

Operator Name, I.D.

Thomas G. Herties

Location

HS IV Serial no: 099362  
Version no: 532B

TEST RECORD 01287

Temp Date Time 210L

Air Blank: 07/09/20 08:04 .000

Subject Test: Auto  
24 07/09/20 08:04 .099

Subject Name

290003

Subject I.D.

Operator Name, I.D.

Thomas G. Herties

Location

HS IV Serial no: 099362  
Version no: 532B

TEST RECORD 01288

Temp Date Time 210L

V01D: RPI  
12 07/09/20 08:06

Subject Name

250003

Subject I.D.

Operator Name, I.D.

Thomas G. Herties

Location