



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

RECEIVED  
 by Missy Christensen, Jan 13, 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 099365	PRINTER SN 097.9584.946	DATE OF INSPECTION 01/13/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 147 North Main Street, Laurie, MO		TIME OF INSPECTION 3:09 am

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>18200</u> EXP. DATE <u>07/03/2020</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34 C</u>	SIMULATOR SN <u>DR 6929</u> SIMULATOR EXP DATE <u>05/28/2020</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .098	TEST 2 → .098	TEST 3 → .098
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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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	(OVER .19)	2
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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).

OK In service.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Steven McQueen
TYPE II PERMIT NUMBER/EXPIRATION DATE 200053 01/10/2020	TELEPHONE NUMBER (573) 374-4871

**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: 099365  
Version no: 532B

TEST RECORD 00886

Temp Date Time 210L

Air Blank:  
01/13/20 03:09 .000  
Calibration Check:  
22 01/13/20 03:09 .098

Subject Name

Monthly maintenance  
Subject I.D.

Accuracy check #1  
Operator Name, I.D.

Steven McQueen 200053  
Location

147 South main St.

Laurie MO 65038

AS IV Serial no: 099365  
Version no: 532B

TEST RECORD 00887

Temp Date Time 210L

Air Blank:  
01/13/20 03:13 .000  
Calibration Check:  
23 01/13/20 03:13 .098

Subject Name

Monthly maintenance  
Subject I.D.

Accuracy check #2  
Operator Name, I.D.

Steven McQueen 200053  
Location

147 South main St.

Laurie MO 65038

AS IV Serial no: 099365  
Version no: 532B

TEST RECORD 00888

Temp Date Time 210L

Air Blank:  
01/13/20 03:14 .000  
Calibration Check:  
23 01/13/20 03:14 .098

Subject Name

Monthly maintenance  
Subject I.D.

Accuracy check #3  
Operator Name, I.D.

Steven McQueen 200053  
Location

147 South main St.

Laurie MO 65038

AS IV Serial no: 099365  
Version no: 532B

TEST RECORD 00889

Temp Date Time 210L

UOIN: RFI  
12 01/13/20 03:16

Subject Name

Maintenance  
Subject I.D.

RFI test  
Operator Name, I.D.

Steven McQueen 200053  
Location

147 South main St.

Laurie MO 65038



## 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 18200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 6, 2018, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is July 3, 2020 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



**PERMIT**  
**TYPE II**  
**STEVEN McQUEEN**

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 1/10/2020

NUMBER 200053

EXPIRES 1/10/2022

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** McQUEEN, STEVEN  
**Permit No** 200053  
**Date Issued** 1/10/2020 **Date Expires** 1/10/2022

