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By Tracy Crews at 9:46 am, Jan 13, 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 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 105448 - Clinton P.D.	PRINTER SN 09B.3591.016	DATE OF INSPECTION 01/10/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 101 East Ohio Street, Clinton, MO 64735		TIME OF INSPECTION 2:57 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, Inc. LOT # 19160 EXP. DATE 07/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD3509 SIMULATOR EXP DATE 07/26/2020

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 .097

TEST 2 .096

TEST 3 .095

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) 1 | (.05-.09) 0 | (.10-.14) 0 | (.15-.19) 0 | (OVER .19) 1

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).

- N/A

INSPECTING OFFICER

SIGNATURE

#244

PRINT NAME

Michael S. Nelson

TYPE II PERMIT NUMBER/EXPIRATION DATE

280235 / 08-14-2020

TELEPHONE NUMBER

(660) 885-2679

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: 105448
Version no: 532B

TEST RECORD 01235

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/10/20 14:57 .000
Calibration Check:
21 01/10/20 14:57 .097

Subject Name

Test #1

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #280235

Location CPD

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01236

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/10/20 14:59 .000
Calibration Check:
22 01/10/20 14:59 .096

Subject Name

Test #2

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #280235

Location CPD

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01237

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/10/20 15:01 .000
Calibration Check:
22 01/10/20 15:01 .095

Subject Name

Test #3

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #280235

Location CPD

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01238

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI
12 01/10/20 15:03

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #280235

Location CPD

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01239

Temp	Date	Time	s/ 210L
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Air Blank:
01/10/20 15:05 .000
Subject Test: Auto
23 01/10/20 15:05 .000

Subject Name

SELF TEST

Subject I.D.

N/A

Operator Name, I.D.

Michael Nelson #280235

Location CPD

101 E. Ohio St.

CPD

Clinton, MO 64735



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 **19160** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 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

2

PERMIT
TYPE II
MICHAEL S NELSON

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 8/14/2018

NUMBER 280235

EXPIRES 8/14/2020

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 NELSON, MICHAEL
 Permit No 280235
 Date Issued 8/14/2018 Date Expires 8/14/2020