

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVI

STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Stephen Wilson at 3:20 pm, Aug 14, 2020

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time Send copy to Department of Health and Seni	of the regular monthly or Services; retain ori	/ preventative ma ginal in departme	iintenance check, ar nt file.	nd whenev	ver instrument is repaired.	
ALCO SENSOR IV SN 105448 - Clinton P.D.	PRINTER SN 09B.3591.016			DATE OF 08/14/2	INSPECTION 2020	
LOCATION OF INSTRUMENT (STREET AND CITY) 101 East Ohio Street, Clinton, MO 6473				1:35 p		
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)						
BREATH ALCOHOL ACCURACY STANDAR	RDS					
SIMULATOR SOLUTION						
STANDARD SUPPLIER Guth Laborate	ries, Inc.	LOT # <u>19160</u>	EXP. DATE	07/09/2	021	
SIMULATOR TEMPERATURE (34°C ± 0	.2°C) <u>34.0</u> SI	MULATOR SN	SD3509 SIMU	LATOR E	XP DATE 08/06/2021	
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 1099	TEST 2 🖝 .1	00	TEST 3 🖝	.100		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)						
REFUSALS 0 (004) 0	(.0509) 0	(.1014)	0 (.1519)	0	(OVER .19) 1	
List any new parts and describe any alteration	n or modification that	was made to res	store the instrument	to operate	e satisfactorily and within	
established limits (use other side if necessary).					
INSPECTING OFFICER						
SIGNATURE			PRINT NAME Ryan A. Sch	ildknecht		
PYPE II PERMIT NUMBER/EXPIRATION DATE 200133 / 03-09-2022			TELEPHONE NUMBE (660) 885-26	R		
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						
MO 580-1351 (6-10)		AFFIRMATIVE ACTION EMPL	OYER		LAB-114	

AS IN Serial no: 105448 Version noi 5808 TEST RICORD 01388 R/ Temm Dale Time 210L Air Blank: 08/14/20 13:35 .000 Calibration Check: 20 00/14/20 13:33 .009 Subject Name

weet I.D.

Cherator Names I.D. <u>Aun Schildkaelt</u> 2000 133 Location Clinton B.D.

38 IV Serial no: 165448 Version not 5025 IEST RECORD 01389 S.A Tome Date Time 2101 the second state when a state state state state state and Sir Blank: 08/14/28 13:37 .098 Calibration Theck: 24 08/14/28 13:37 .108

Subject Hare

Perator Hame, I.D. WKneelf 200133 Man Sc

AS TU Serial no: 185448 Version no: 5323

TEST RIFORD 01390 a/ Teor Pate Time 2101. Air Slank: 08/14/20 13:39 .000 Calibration Check: 25 08/14/29 13:39 .100

Subject Mox Test# Subject I.D.

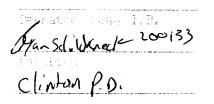
Operator Names I.B. <u>AunSchildknecht</u> 200133 Location Clinton P.D.

. بالعام مربق بو الا الم

75 IV Serial no: 105448 version not 552B TEST RICCED 01391 Tems Date Time 219L ------VOIDE NET

VOID: KET 12 88/14/20 (12:48

Test #4 Sábiect 1 2



AG 10 Serial nor 185440 Usrsion noi 3773 TEST Elitico 01092 Teres Osta Franc 2681 Nor14/200 Lorez .000 Nor14/200 Lorez .000 Nor14/200 Lorez .000 Seriator Nomes I.T. Cherator Nomes I.T. Cherator Nomes I.T.

Whon P.D.



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



PERMIT TYPE II

RYAN SCHILDKNECHT

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.

NUMBER 200133

EXPIRES 3/9/2022

Ulle

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

1mh

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

	DEPART	E OF MISSOURI	D SENIOR SERVICES
	INST	RUMENT OPEI	RATOR CARD
The named car instrument for t in Missouri.	dholder is au he determina	thorized to operate an evi tion of the alcoholic conte	dential breath alcohol nt in breath form of expired air
		ECHT, RYAN	*
Permit No			
Date Issued	3/9/2020	Date Expires 3/9/20)22
		3 WC C74 (L3C) / Fr	
		1917 - Maria Angela, 1917 - 1918 - 1918 - 1919 1919 - 1919 - 1919 - 1919 - 1919 - 1919 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919 - 1919	



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 $34^{\circ}C$ +/- .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.