



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 <u>105452</u>	PRINTER SN <u>097.3584.331</u>	DATE OF INSPECTION <u>6-30-20</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>1200 main, Grandview</u>	TIME OF INSPECTION <u>0815</u>
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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 # 20190 EXP. DATE 4-6-22

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° SIMULATOR SN DR5385 SIMULATOR EXP DATE 11-19-20

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 • 0.101

TEST 2 • 0.092

TEST 3 • 0.092

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

INSPECTING OFFICER

SIGNATURE <u>J. Wood</u>	PRINT NAME <u>J. WOOD</u>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <u>290180 8-13-2021</u>	TELEPHONE NUMBER <u>816-316-4900</u>
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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: 105452
Version no: 532B

TEST RECORD 00426
Temp Date Time 210L

Air Blank: 06/30/20 08:32 .000
Calibration Check: 20 06/30/20 08:32 .101

Subject Name
Test 1

Subject I.D.
J. Wood/p243

Operator Name, I.D.
1200 man

Location
Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00427
Temp Date Time 210L

Air Blank: 06/30/20 08:33 .000
Subject Test: Man 21 06/30/20 08:33 .092

Subject Name
2

Subject I.D.
J. Wood/p243

Operator Name, I.D.
290180 8.17.21

Location
1200 man

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00428
Temp Date Time 210L

Air Blank: 06/30/20 08:35 .000
Subject Test: Man 21 06/30/20 08:35 .092

Subject Name
3

Subject I.D.
J. Wood/p243

Operator Name, I.D.
290180

Location
1200 man

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00429
Temp Date Time 210L

VOID: RFI 12 06/30/20 08:36

Subject Name
RFI

Subject I.D.
J. Wood/p243

Operator Name, I.D.

Location

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Test 1</i>		DATE OF TEST <i>6-30-20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>1D5452</i>	PRINTER SERIAL NO. <i>097.3584.331</i>	LOCATION OF INSTRUMENT <i>1200 Main, Grandview</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.101</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument. <input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>J. Ward</i>	PERMIT NO. <i>250180</i>	EXPIRATION DATE <i>8-13-21</i>
WITNESS (IF ANY)		DATE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Test 2</i>		DATE OF TEST <i>6-30-20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>1D5452</i>	PRINTER SERIAL NO. <i>097-3584-331</i>	LOCATION OF INSTRUMENT <i>1200 Main, Grandview</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.092</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument. <input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>J. Ward</i>	PERMIT NO. <i>250180</i>	EXPIRATION DATE <i>8-13-21</i>
WITNESS (IF ANY)	DATE	

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Test 3</i>		DATE OF TEST <i>6-30-20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>1D5452</i>	PRINTER SERIAL NO. <i>097.3584.331</i>	LOCATION OF INSTRUMENT <i>1200 Main, Grandview</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.092</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument. <input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>J. Ward</i>	PERMIT NO. <i>290180</i>	EXPIRATION DATE <i>8-13-21</i>
WITNESS (IF ANY)		DATE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>RFI Test</i>		DATE OF TEST <i>6-30-20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>1D5452</i>	PRINTER SERIAL NO. <i>097-3584-331</i>	LOCATION OF INSTRUMENT <i>1200 Main, Grandview</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>RFI</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument. <input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>J. Wood</i>	PERMIT NO. <i>290180</i>	EXPIRATION DATE <i>8-13-21</i>
WITNESS (IF ANY)		DATE



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.