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By Tracy Crews at 8:18 am, Jan 15, 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	PRINTER SN	DATE OF INSPECTION
107985	099.3586.820	01/14/2020
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
200 North Ave, Sparta, MO 65753		0930

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.

- [X] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [X] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [X] PRINTER WORKING PROPERLY
- [X] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [X] SIMULATOR SOLUTION
- [ ] COMPRESSED ETHANOL-GAS MIXTURE
- [X] STANDARD SUPPLIER GUTH LAB LOT # 18370 EXP. DATE 12/5/20
- [X] SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN MP3584 SIMULATOR EXP DATE 02/12/2020
- [X] 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)
  - [X] 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	TEST 2	TEST 3
.102	.102	.103

- [X] 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)
Ø	Ø	Ø	1	Ø	Ø

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	PRINT NAME
	Loren Upstrom
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
290056 3/1/2021	417-242-5511

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: 107985
Version no: 532B

TEST RECORD 00883

Temp	Date	Time	s/ 210L
Air Blank:			
	01/14/20	09:35	.000
Calibration Check:			
21	01/14/20	09:35	.102

Subject Name
Test
Subject I.D.
#1
Operator Name, I.D.
L. Nystrom 615
Location
Sparta P.D. Booking

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00884

Temp	Date	Time	s/ 210L
Air Blank:			
	01/14/20	09:37	.000
Calibration Check:			
21	01/14/20	09:37	.102

Subject Name
Test
Subject I.D.
#2
Operator Name, I.D.
L. Nystrom 615
Location
Sparta P.D. Booking

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00885

Temp	Date	Time	s/ 210L
Air Blank:			
	01/14/20	09:39	.000
Calibration Check:			
22	01/14/20	09:39	.103

Subject Name
Test
Subject I.D.
#3
Operator Name, I.D.
L. Nystrom 615
Location
Sparta P.D. Booking

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00887

Temp	Date	Time	s/ 210L
VOID: RFI			
12	01/14/20	12:11	

Subject Name
Test
Subject I.D.
RFI
Operator Name, I.D.
L. Nystrom #615
Location
Sparta P.D. Booking

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 00888

Temp	Date	Time	s/ 210L
Air Blank:			
	01/14/20	12:12	.000
Calibration Check:			
22	01/14/20	12:12	.000

Subject Name
Test
Subject I.D.
Blank
Operator Name, I.D.
L. Nystrom 615
Location
Sparta P.D. Booking

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

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PERMIT
TYPE II

LOREN NYSTROM

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 3/1/2019

NUMBER 290056

EXPIRES 3/1/2021

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 NYSTROM, LOREN
Permit No 290056
Date Issued 3/1/2019 Date Expires 3/1/2021

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°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.