



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

RECEIVED
 By Tracy Crews at 10:24 am, Jun 29, 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 108264	PRINTER SN 099.3586.827	DATE OF INSPECTION 06/28/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 315 S. Hudson, Buckner	TIME OF INSPECTION 11:50 am
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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 # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD-2734 SIMULATOR EXP DATE 10/22/2020

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 ➔ .099

TEST 2 ➔ .100

TEST 3 ➔ .100

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

None

INSPECTING OFFICER

SIGNATURE *B. Wright #609*

PRINT NAME
B. Wright #609

TYPE II PERMIT NUMBER/EXPIRATION DATE
#290071 03-13-2021

TELEPHONE NUMBER
(816) 690-3773

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: 108264
Version no: 532B

TEST RECORD 00495

Temp Date Time 210L ^{g/}

Air Blank: 06/28/20 11:50 .000
Calibration Check: 24 06/28/20 11:50 .000

Subject Name

Maintenance Blank

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00496

Temp Date Time 210L ^{g/}

Air Blank: 06/28/20 11:52 .000
Calibration Check: 24 06/28/20 11:52 .099

Subject Name

Maintenance Test 1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00497

Temp Date Time 210L ^{g/}

Air Blank: 06/28/20 11:53 .000
Calibration Check: 25 06/28/20 11:53 .100

Subject Name

Maintenance Test 2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00498

Temp Date Time 210L ^{g/}

Air Blank: 06/28/20 11:55 .000
Calibration Check: 25 06/28/20 11:55 .100

Subject Name

Maintenance Test 3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00499

Temp Date Time 210L ^{g/}

UNIT: RPI
12 06/28/20 11:56

Subject Name

Maintenance RPI

Subject I.D.

Operator Name, I.D.

Location



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

2

PERMIT
TYPE II

BRADLEY WRIGHT

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 3/13/2019

NUMBER 290071

EXPIRES 3/13/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-580-9771 (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 optional breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator WRIGHT, BRADLEY
Permit No 290071
Date Issued 3/13/2019 Date Expires 3/13/2021



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 **19370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1199%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 9, 2021** 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 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.



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
 Randall W. Williams, MD, FAGOG
 Director



Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2734 Manufacturer: Guth
 Model Number: 10-4D
 Agency: OAK GROVE PD
 Agency Address: 1903 S. BROADWAY, OAK GROVE, MO 64075

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 1/31/2019 Date of Expiration: 1/31/2020

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	33.98	.04

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

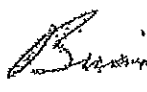
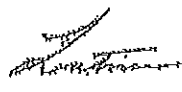
Date of testing: 10/22/2019
 Certification Expiration: 10/22/2020
 Simulator testing technician: S. GARY

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER

Certification No: SD2734_10222019

X  

DHSS BAP Scientist Approving