



**RECEIVED**

By Tracy Crews at 8:31 am, Apr 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<br>111630   | PRINTER SN<br>09B.3589.447 | DATE OF INSPECTION<br>04/29/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1999 Hwy 52 Tuscumbia, Missouri |                            | TIME OF INSPECTION<br>12:13 am   |

**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 LOT # 19160 EXP. DATE 07/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP2941 SIMULATOR EXP DATE 10/21/2020

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 .101

TEST 2 .099

TEST 3 .098

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) | 1 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

ok

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Corporal Patrick

TYPE II PERMIT NUMBER/EXPIRATION DATE  
280231 08/08/2020

TELEPHONE NUMBER  
(573) 369-2341

**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 IU Serial no: 111630  
Version no: 532B

TEST RECORD 00562

Temp Date Time 210L

Air Blank:  
04/29/20 00:13 .000  
Calibration Checks  
19 04/29/20 00:13 .101

Subject Name

test #1  
Subject I.D.

Patrick 280231  
Operator Name, I.D.

Miller County  
Location

AS IU Serial no: 111630  
Version no: 532B

TEST RECORD 00563

Temp Date Time 210L

Air Blank:  
04/29/20 00:15 .000  
Calibration Checks  
20 04/29/20 00:15 .099

Subject Name

test #2  
Subject I.D.

Patrick 280231  
Operator Name, I.D.

Miller County  
Location

AS IU Serial no: 111630  
Version no: 532B

TEST RECORD 00564

Temp Date Time 210L

Air Blank:  
04/29/20 00:16 .000  
Calibration Checks  
21 04/29/20 00:16 .098

Subject Name

test #3  
Subject I.D.

Patrick 280231  
Operator Name, I.D.

Miller County  
Location

AS IU Serial no: 111630  
Version no: 532B

TEST RECORD 00565

Temp Date Time 210L

VOID: RFI  
12 04/29/20 00:18

Subject Name

RFI test  
Subject I.D.

Patrick 280231  
Operator Name, I.D.

Miller County  
Location

AS IU Serial no: 111630  
Version no: 532B

TEST RECORD 00566

Temp Date Time 210L

Air Blank:  
04/29/20 00:20 .000  
Subject Test: Auto  
22 04/29/20 00:20 .000

Subject Name

Blank test  
Subject I.D.

Patrick 280231  
Operator Name, I.D.

Miller County  
Location



## 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*



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

2

**PERMIT**  
**TYPE II**  
**SCOTT E PATRICK**

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 8/8/2018

NUMBER 280231

EXPIRES 8/8/2020

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 PATRICK, SCOTT  
 Permit No 280231  
 Date Issued 8/8/2018 Date Expires 8/8/2020