



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 111656	NAME OF AGENCY Granby Police Department	DATE OF INSPECTION 12-8-2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1800 S. Holden St Wrensburg mo 64093 (MSC)		TIME OF INSPECTION 12:58

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 **4-6-2022**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.00** SIM. SN **MP2101** SIM. NIST EXP DATE **1-6-2021**

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 **100** TEST 2 **100** TEST 3 **099**

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).

NEW Placement

INSPECTING OFFICER

SIGNATURE

PRINT NAME **MATTHEW BOND**

TYPE II PERMIT NUMBER/EXPIRATION DATE **290214 7-19-2021**

TELEPHONE NUMBER **(660) 542-4557**

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111656
Version no: 532B

TEST RECORD 00011

Temp Date Time ^{g/} 210L

Air Blank:
12/08/20 12:58 .000
Calibration Check:
22 12/08/20 12:58 .100

Subject Name
TEST

Subject I.D.
#1

Operator Name, I.D.
MATT Bone 290214

Location 9-19-2021
MSC

AS IV Serial no: 111656
Version no: 532B

TEST RECORD 00012

Temp Date Time ^{g/} 210L

Air Blank:
12/08/20 13:00 .000
Calibration Check:
23 12/08/20 13:00 .100

Subject Name
TEST

Subject I.D.
#2

Operator Name, I.D.
MATT Bone 290214

Location 9-19-2021
MSC

AS IV Serial no: 111656
Version no: 532B

TEST RECORD 00013

Temp Date Time ^{g/} 210L

Air Blank:
12/08/20 13:02 .000
Calibration Check:
24 12/08/20 13:02 .099

Subject Name
TEST #

Subject I.D.
#3

Operator Name, I.D.
MATT Bone 290214

Location 290214
MSC

AS IV Serial no: 111656
Version no: 532B

TEST RECORD 00014

Temp Date Time ^{g/} 210L

VOID: RFI
12 12/08/20 13:04

Subject Name
TEST

Subject I.D.
RFI

Operator Name, I.D.
MATT Bone 290214

Location 9-19-2021
MSC

AS IV Serial no: 111656
Version no: 532B

TEST RECORD 00015

Temp Date Time ^{g/} 210L

Air Blank:
12/08/20 13:06 .000
Subject Test: Auto
25 12/08/20 13:06 .000

Subject Name
TEST

Subject I.D.
Blank

Operator Name, I.D.
MATT Bone 290214

Location 9-19-2021
MSC



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

12V500 QUALITY CONTROL FORM

INSTRUMENT INFORMATION

Serial Number: MP5538

Simulator Voltage: 12 VDC

Temperature Tolerance: 34.00 ± .05 °C

CALIBRATION INFORMATION

Date Calibrated: 11/04/2019

Mean Temp.: 34.000 °C

Minimum Temp.: 33.992 °C

Maximum Temp.: 34.000 °C

Simulator temperature results were found to be within the specified tolerance.

Calibration Procedure performed was, Guth Laboratories, Inc. - Procedure 03.

Temperature readings were obtained by direct measurement of simulator solution using the following system. Fluke/Hart Scientific model 1524 thermometer readout, serial number 1986075, and GE Sensing model AS125 thermistor standard, serial number 3639. This system was calibrated on December 6, 2018 by Hart Scientific, report number B8C05050. This test equipment is on a one year calibration interval and is traceable to NIST through an unbroken chain of comparisons.

Our best measurement capabilities are +/- .008 from 20 to 40°C with a measurement uncertainty(k=2) of 1.5 mK.

Laboratory Environmental Conditions: Temperature: 22 °C ± 2 °C Relative Humidity: Between 40% and 60%

The following items have been carefully checked prior to packaging:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Inlet Tube, Heater, and Probe Positioned Properly | <input checked="" type="checkbox"/> Heater Control Circuit (Solution) |
| <input checked="" type="checkbox"/> Dispersion Tube Attached, Positioned Properly | <input checked="" type="checkbox"/> Heater Control Circuit (Headspace) |
| <input checked="" type="checkbox"/> Baffle Plate Attached | <input checked="" type="checkbox"/> Agitator and Motor |
| <input checked="" type="checkbox"/> Jar: A) Roundness B) Threads C) Flatness | <input checked="" type="checkbox"/> Communication Checked |
| <input checked="" type="checkbox"/> Male SureLoc | <input checked="" type="checkbox"/> Pressure and Vacuum Tested |
| <input checked="" type="checkbox"/> Female SureLoc | <input checked="" type="checkbox"/> LCD Display and Filter |
| <input checked="" type="checkbox"/> Face Plate and Rear Serial Plate Attached | <input checked="" type="checkbox"/> Calibration |
| <input checked="" type="checkbox"/> AC/DC Power Supply | |
| <input checked="" type="checkbox"/> AC Power Cord | |
| <input checked="" type="checkbox"/> Appearance and Finish | |

REMARKS: _____

Calibrated By: Carl Tames

Date: 11-04-2019

Inspected By: Christine Bonner

Date: 11-4-2019



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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.



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



PERMIT
TYPE II

MATT B BOND

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMF, INTOXLYZER 8000, INTOX EC/R II, ASIV W/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 9/19/2019

NUMBER 290214

EXPIRES 9/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES