



**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 111778	PRINTER SN 09B.3589.446	DATE OF INSPECTION 01/03/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 1903 S. Broadway, Oak Grove	TIME OF INSPECTION 1:43 pm
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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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u> LOT # <u>19160</u> EXP. DATE <u>07/09/2021</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD-2734</u> SIMULATOR EXP DATE <u>10/22/2020</u>
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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  .099	TEST 3  .099
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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
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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 	PRINT NAME B. Wright #609
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TYPE II PERMIT NUMBER/EXPIRATION DATE #290071 03-13-2021	TELEPHONE NUMBER (816) 690-3773
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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 IU Serial no: 111778  
Version no: 532B

TEST RECORD 00180 s/

Temp Date Time 210L

Air Blank: 01/03/20 13:43 .000  
Calibration Check: 22 01/03/20 13:43 .000

Subject Name \_\_\_\_\_  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

AS IU Serial no: 111778  
Version no: 532B

TEST RECORD 00181 s/

Temp Date Time 210L

Air Blank: 01/03/20 13:44 .000  
Calibration Check: 23 01/03/20 13:44 .100

Subject Name \_\_\_\_\_  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

AS IU Serial no: 111778  
Version no: 532B

TEST RECORD 00182 s/

Temp Date Time 210L

Air Blank: 01/03/20 13:45 .000  
Calibration Check: 23 01/03/20 13:45 .099

Subject Name \_\_\_\_\_  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

AS IU Serial no: 111778  
Version no: 532B

TEST RECORD 00183 s/

Temp Date Time 210L

Air Blank: 01/03/20 13:47 .000  
Calibration Check: 24 01/03/20 13:47 .099

Subject Name \_\_\_\_\_  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

AS IU Serial no: 111778  
Version no: 532B

TEST RECORD 00184 s/

Temp Date Time 210L

UVID: RFI  
12 01/03/20 13:48

Subject Name \_\_\_\_\_  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location \_\_\_\_\_

*Maintenance Blank 1*

*Maintenance Test 1*

*Maintenance Test 2*

*Maintenance Test 3*

*Maintenance RFI*



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



**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**

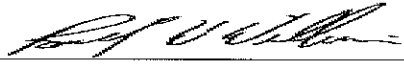
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/13/2019

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290071

EXPIRES 3/13/2021

  
 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 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 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.*



# 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 *Brian Lutmer*

DHSS BAP Scientist Approving