



**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 06/28/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 2110 S. Broadway, Oak Grove	TIME OF INSPECTION 4:00 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
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>19370</u> EXP. DATE <u>12/09/2021</u>
<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>

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  .096	TEST 2  .096	TEST 3  .096
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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).  
New battery installed.

**INSPECTING OFFICER**

SIGNATURE 	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 10 Serial no: 111778  
Version no: 5328

TEST RECORD 00204

Temp Date Time 210L  
Air Blank: 06/28/20 16:02 .000  
Calibration Check: 20 06/28/20 16:02 .000

Subject Name  
Maintenance Blank  
Subject I.D.

Operator Name, I.D.

Location

AS 10 Serial no: 111778  
Version no: 5328

TEST RECORD 00205

Temp Date Time 210L  
Air Blank: 06/28/20 16:04 .000  
Calibration Check: 20 06/28/20 16:04 .000

Subject Name  
Maintenance Test 1  
Subject I.D.

Operator Name, I.D.

Location

AS 10 Serial no: 111778  
Version no: 5328

TEST RECORD 00207

Temp Date Time 210L  
Air Blank: 06/28/20 16:06 .000  
Calibration Check: 21 06/28/20 16:06 .000

Subject Name  
Maintenance Test 2  
Subject I.D.

Operator Name, I.D.

Location

AS 10 Serial no: 111778  
Version no: 5328

TEST RECORD 00208

Temp Date Time 210L  
Air Blank: 06/28/20 16:07 .000  
Calibration Check: 22 06/28/20 16:07 .000

Subject Name  
Maintenance Test 3  
Subject I.D.

Operator Name, I.D.

Location

AS 10 Serial no: 111778  
Version no: 5328

TEST RECORD 00209

Temp Date Time 210L  
NOID: RFI  
12 06/28/20 16:08

Subject Name  
Maintenance Test RFI  
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 580-0771 (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 on, calibrate, repair, 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



Missouri Department of Health and Senior Services  
 P.O. Box 670, Jefferson City, MO 65102-0570 Phone: 573-761-6400 FAX: 573-761-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICEMAIL 1-800-735-2488  
 Randall W. Williams, MD, FACOG  
 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



**GUTH LABORATORIES, INC.**

530 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°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.*