



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 <u>099362</u> | NAME OF AGENCY <u>509 SFS</u> | DATE OF INSPECTION <u>27 MAY 21</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY) <u>1031 VANDENBERG AVE, WITTEMAN AFB</u> | | TIME OF INSPECTION <u>0835</u> |

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 BVTH LOT # 20420 EXP. DATE 22SEP22

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2935 SIM. NIST EXP DATE 11DEC21

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 = <u>.099 %</u> | TEST 2 = <u>.099 %</u> | TEST 3 = <u>.099 %</u> |
|------------------------|------------------------|------------------------|

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 | <u>0</u> | (0-.04) | <u>0</u> | (.05-.09) | <u>0</u> | (.10-.14) | <u>0</u> | (.15-.19) | <u>0</u> | (OVER .19) | <u>0</u> |
|----------|----------|---------|----------|-----------|----------|-----------|----------|-----------|----------|------------|----------|

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).

INSPECTING OFFICER

SIGNATURE

PRINT NAME
THOMAS G. HUTCHES

TYPE # PERMIT NUMBER/EXPIRATION DATE
200309 / 30 DEC 22

TELEPHONE NUMBER
660-687-1821

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: 099362
Version no: 532B

TEST RECORD 01509 ^{sv}

Temp Date Time 2100
Air Blank:
05/27/21 08:46 .000
Subject Test: Auto
24 05/27/21 08:46 .009

Subject Name

Subject I.D.

THOMAS G. HUFFLES

Operator Name, I.D.

200309 / 30 DEC 22

Location

AS IV Serial no: 099362
Version no: 532B

TEST RECORD 01508 ^{sv}

Temp Date Time 2101
Air Blank:
05/27/21 08:44 .000
Subject Test: Auto
24 05/27/21 08:44 .099

Subject Name

Subject I.D.

THOMAS G. HUFFLES

Operator Name, I.D.

200309 / 30 DEC 22

Location

AS IV Serial no: 099362
Version no: 532B

TEST RECORD 01507 ^{sv}

Temp Date Time 2101
Air Blank:
05/27/21 08:43 .000
Subject Test: Auto
24 05/27/21 08:43 .099

Subject Name

Subject I.D.

THOMAS G. HUFFLES

Operator Name, I.D.

200309 / 30 DEC 22

Location

AS IV Serial no: 099362
Version no: 532B

TEST RECORD 01510 ^{sv}

Temp Date Time 2101
WJID: FTT
12 05/27/21 08:48

Subject Name

Subject I.D.

THOMAS G. HUFFLES

Operator Name, I.D.

200309 / 30 DEC 22

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 **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 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 FN03052002 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
THOMAS G. HUTFLES

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 12/30/2020


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200309

EXPIRES 12/30/2022


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 HUTFLES, THOMAS
Permit No 200309
Date Issued 12/30/2020 **Date Expires** 12/30/2022

