



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 099365	PRINTER SN 097.9584.946	DATE OF INSPECTION 03/09/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 147 South Main Street, Laurie MO		TIME OF INSPECTION 7:37 pm

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>20190</u> EXP. DATE <u>04/06/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34 C</u>	SIMULATOR SN <u>DR 6929</u> SIMULATOR EXP DATE <u>07/20/2021</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 ➡ .097	TEST 2 ➡ .098	TEST 3 ➡ .098
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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-.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).

INSPECTING OFFICER

SIGNATURE <i>Steven McQueen</i>	PRINT NAME Steven McQueen
TYPE II PERMIT NUMBER/EXPIRATION DATE 200053 01/10/2022	TELEPHONE NUMBER (573) 374-4871

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 IV Serial no: 099365
Version no: 532B

TEST RECORD 01018

Temp Date Time ^{s/} 210L

Air Blank:
03/09/21 19:22 .000
Calibration Check:
20 03/09/21 19:22 .097

Subject Name

monthly Maint.
Subject I.D.

Accuracy check #1
Operator Name, I.D.

Steven McQueen 900053
Location

Laurie PD

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 01019

Temp Date Time ^{s/} 210L

Air Blank:
03/09/21 19:23 .000
Calibration Check:
21 03/09/21 19:23 .098

Subject Name

monthly maint.
Subject I.D.

Accuracy check #2
Operator Name, I.D.

Steven McQueen 900053
Location

Laurie PD

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 01020

Temp Date Time ^{s/} 210L

Air Blank:
03/09/21 19:26 .000
Calibration Check:
22 03/09/21 19:26 .098

Subject Name

Monthly Maint.
Subject I.D.

Accuracy check #3
Operator Name, I.D.

Steven McQueen 900053
Location

Laurie PD

AS IV Serial no: 099365
Version no: 532B

TEST RECORD 01021

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/09/21 19:27

Subject Name

monthly Maint.
Subject I.D.

RFI check
Operator Name, I.D.

Steven McQueen 900053
Location

Laurie PD



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 **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

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PERMIT
TYPE II

STEVEN McQUEEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/10/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200053

EXPIRES 1/10/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (R6-1)

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 **McQUEEN, STEVEN**
 Permit No **200053**
 Date Issued **1/10/2020** Date Expires **1/10/2022**