



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 WAFB</u>	DATE OF INSPECTION <u>21 MAY 24</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1031 VANDENBERG AVE, WHITEMAN AFB</u>		TIME OF INSPECTION <u>0830</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.

<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 <u>G</u>	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH</u>	LOT # <u>22310</u> EXP. DATE <u>11 AUG 24</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34°C</u>	SIM. SN <u>MP6026</u> SIM. NIST EXP DATE <u>26 MAY 25</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)

<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 • <u>.099%</u>	TEST 2 • <u>.099%</u>	TEST 3 • <u>.098%</u>
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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	<u>0</u>	(0-.04)	<u>01</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>01</u>	(OVER .19)	<u>0</u>
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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 	PRINT NAME <u>THOMAS G. HOFFLES</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220278 / 12/21/24</u>	TELEPHONE NUMBER <u>660-687-1821</u>

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



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 **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 2024** 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

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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 12/21/2022

NUMBER 220278

EXPIRES 12/21/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

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 HUTFLES, THOMAS
 Permit No 220278
 Date Issued 12/21/2022 Date Expires 12/21/2024



AS IV Serial no: 099362
 Version no: 532B

TEST RECORD 01883 ^{sq}

Temp Date Time 210L

VOID: N1
 12 05/21/24 08:05

Subject Name
 THOMAS G. HURFLES

Subject I.D.
 220278 / 12/21/24

Operator Name, I.D.

Location

AS IV Serial no: 099362
 Version no: 532B

TEST RECORD 01882 ^{sq}

Temp Date Time 210L

Air Blank:
 05/21/24 08:03 .000

Subject Test: Auto
 27 05/21/24 08:03 .098

Subject Name
 THOMAS G. HURFLES

Subject I.D.
 220278 / 12/01/24

Operator Name, I.D.

Location

AS IV Serial no: 099362
 Version no: 532B

TEST RECORD 01881 ^{sq}

Temp Date Time 210L

Air Blank:
 05/21/24 08:01 .000

Subject Test: Auto
 27 05/21/24 08:01 .099

Subject Name
 THOMAS G. HURFLES

Subject I.D.
 220278 / 12/21/24

Operator Name, I.D.

Location

AS IV Serial no: 099362
 Version no: 532B

TEST RECORD 01880 ^{sq}

Temp Date Time 210L

Air Blank:
 05/21/24 08:00 .000

Subject Test: Auto
 27 05/21/24 08:00 .095

Subject Name
 THOMAS G. HURFLES

Subject I.D.
 220278 / 12/21/24

Operator Name, I.D.

Location