



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Carol Day at 8:45 am, Apr 27, 2015  
REPORT

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  
105451

PRINTER SN  
096.3580.925

LOCATION OF INSTRUMENT (STREET AND CITY)  
301 S. Main St, Excelsior Springs, MO

DATE OF INSPECTION  
04/14/2015

TIME OF INSPECTION  
3:35 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.

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

STANDARD SUPPLIER GUTH

COMPRESSED ETHANOL-GAS MIXTURE

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 LOT # 14200 EXP. DATE 08/05/2016

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 .102

TEST 2 .101

TEST 3 .100

RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
DO NOT INCLUDE SELF-ADMINISTERED TESTS

FUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	(OVER .19)	0
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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).

REPORTING OFFICER

*[Signature]*  
EXPIRATION DATE  
04/26/2017

PRINT NAME  
Brian K Kennedy

TELEPHONE NUMBER  
(816) 630-2000

Completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

**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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 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 FN122211-02 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.*

AS IV Serial no: 105451  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00414

Temp Date Time 9/  
210L

Air Blank:  
04/14/15 15:53 .000  
Calibration Check:  
23 04/14/15 15:53 .102

Subject Name  
MONTHLY MAINT  
Subject I.D.

Operator Name, I.D.  
SK KENNEDY 911  
Location  
301 S MAIN ST  
EX SPRING, MO 65025

AS IV Serial no: 105451  
Version no: 532B

TEST RECORD 00415

Temp Date Time 9/  
210L

Air Blank:  
04/14/15 15:56 .000  
Calibration Check:  
25 04/14/15 15:56 .101

Subject Name  
MONTHLY MAINT  
Subject I.D.

Operator Name, I.D.  
SK KENNEDY 911  
Location  
301 S MAIN  
EX SPRING, MO

AS IV Serial no: 105451  
Version no: 532B

TEST RECORD 00416

Temp Date Time 9/  
210L

Air Blank:  
04/14/15 15:57 .000  
Calibration Check:  
25 04/14/15 15:57 .100

Subject Name  
MONTHLY MAINT  
Subject I.D.

Operator Name, I.D.  
SK KENNEDY 911  
Location  
301 S MAIN  
EX SPRING, MO

AS IV Serial no: 105451  
Version no: 532B

TEST RECORD 00417

Temp Date Time 9/  
210L

VOID: RFI  
12 04/14/15 15:59

Subject Name  
MONTHLY MAINT  
Subject I.D.

Operator Name, I.D.  
SK KENNEDY 911  
Location  
301 S MAIN  
EX SPRING, MO



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



**PERMIT  
TYPE II**

**BRIAN K KENNEDY**

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 3/31/2015

NUMBER 250071

EXPIRES 3/31/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580 0171 (6-12)

LAB 4 (28-10)

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 KENNEDY, BRIAN  
Permit No 250071  
Date Issued 3/31/2015 Date Expires 3/31/2017