



**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 097415	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 12/13/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) Zone 04/15 Office - 275 B Southwest Outer Road, Branson	TIME OF INSPECTION 4:22 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 LABORATORIES</u> LOT # <u>23180</u> EXP. DATE <u>05/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIM. SN <u>MP2422</u> SIM. NIST EXP DATE <u>12/05/2024</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 $\blacktriangleleft$ .100	TEST 2 $\blacktriangleleft$ .100	TEST 3 $\blacktriangleleft$ .099
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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)	0	(.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).

Calibrated

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Brandon Hall
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230011 / 01-24-2025	TELEPHONE NUMBER (417) 895-6868
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**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: 097415  
Version no: 532B

TEST RECORD 00905

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/13/23 16:18 .000

Calibration Check:  
23 12/13/23 16:18 .100

Subject Name

Acc check

Subject I.D.

Brandon Hall 347

Operator Name, I.D.

Zone 4/15 office

Location

Branson

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00906

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/13/23 16:22 .000

Calibration Check:  
24 12/13/23 16:22 .100

Subject Name

Acc check

Subject I.D.

Brandon Hall 347

Operator Name, I.D.

Zone 4/15 office

Location

Branson

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00907

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/13/23 16:25 .000

Calibration Check:  
24 12/13/23 16:25 .100

Subject Name

Acc check

Subject I.D.

Brandon Hall 347

Operator Name, I.D.

Zone 4/15 office

Location

Branson

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00908

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 12/13/23 16:28

Subject Name

Acc check

Subject I.D.

Brandon Hall 347

Operator Name, I.D.

Zone 4/15 office

Location

Branson

AS IV Serial no: 097415  
Version no: 532B

TEST RECORD 00909

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/13/23 16:30 .000

Calibration Check:  
24 12/13/23 16:30 .099

Subject Name

Acc check

Subject I.D.

Brandon Hall 347

Operator Name, I.D.

Zone 4/15 office

Location

Branson



# GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 17, 2025** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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 **FN11172002** 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.