



**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<br>099360  | NAME OF AGENCY<br>Republic Police Department | DATE OF INSPECTION<br>07/01/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>540 Civic Blvd, Republic |  | TIME OF INSPECTION<br>10:41 am   |

**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 Guth Lab LOT # 22080 EXP. DATE 03/07/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD3326 SIM. NIST EXP DATE 03/24/2024

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 .101

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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<br>  | PRINT NAME<br>Frank Schreiber      |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230095 05/23/2025 | TELEPHONE NUMBER<br>(417) 732-3900 |

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

AS 1U Serial no: 099360  
Version no: 532B

TEST PROGRAM 01128

Temp Date Time 210L  
9/

VOID# NJ  
12 02/01/73 10:46

Subject Name

Subject I.D.

Frank Schreiber

Operator Name, I.D.

250095 5/23/25

Location

AS 1U Serial no: 099360  
Version no: 532B

TEST PROGRAM 01127

Temp Date Time 210L  
9/

Air Blank  
02/01/73 10:44 .000

Calibration Check  
21 02/01/73 10:44 .101

Subject Name

Subject I.D.

Frank Schreiber

Operator Name, I.D.

250095 5/23/25

Location

AS 1U Serial no: 099360  
Version no: 532B

TEST PROGRAM 01126

Temp Date Time 210L  
9/

Air Blank  
02/01/73 10:43 .000

Calibration Check  
21 02/01/73 10:43 .101

Subject Name

Subject I.D.

Frank Schreiber

Operator Name, I.D.

250095 5/23/25

Location

AS 1U Serial no: 099360  
Version no: 532B

TEST PROGRAM 01125

Temp Date Time 210L  
9/

Air Blank  
02/01/73 10:41 .000

Calibration Check  
20 02/01/73 10:41 .102

Subject Name

Subject I.D.

Frank Schreiber

Operator Name, I.D.

250095 5/23/25

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 **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 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**  
**FRANK G. SCHREIBER**

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, INTOX EC/IR II**

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 5/23/2023

NUMBER 230095

EXPIRES 5/23/2025

*Mike Massam*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David 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** SCHREIBER, FRANK  
**Permit No** 230095  
**Date Issued** 5/23/2023 **Date Expires** 5/23/2025

