



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 099360	NAME OF AGENCY Republic Police Department	DATE OF INSPECTION 09/05/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 540 Civic Blvd Republic		TIME OF INSPECTION 9:39 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 COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Lab LOT # 22430 EXP. DATE 11/30/2024

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 .097

TEST 2 .098

TEST 3 .097

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Frank Schreiber
TYPE II PERMIT NUMBER/EXPIRATION DATE 230095 5/23/2025	TELEPHONE NUMBER (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# not 009360
Version not 102B

TEST RECORD 01147 9/

Temp Date Time 210L

01r Blank
09/06/78 21:45 .000

Callibration Check
22 09/06/78 21:46 .097

Subject Name

Subject I.D.
Operator Name, I.D.
280095 5/23/2025

Location

AS 1U Serial# not 009360
Version not 102B

TEST RECORD 01144 9/

Temp Date Time 210L

01r Blank
09/06/78 21:39 .000

Callibration Check
22 09/06/78 21:39 .097

Subject Name

Subject I.D.
Operator Name, I.D.
280095 5/23/2025

Location

AS 1U Serial# not 009360
Version not 102B

TEST RECORD 01148 9/

Temp Date Time 210L

01r Blank
12 09/07/78 02:28

Subject Name

Subject I.D.
Operator Name, I.D.
280095 5/23/2025

Location

AS 1U Serial# not 009360
Version not 102B

TEST RECORD 01146 9/

Temp Date Time 210L

01r Blank
09/06/78 21:44 .000

Callibration Check
22 09/06/78 21:44 .098

Subject Name

Subject I.D.
Operator Name, I.D.
280095 5/23/2025

Location



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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 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



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 Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (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

