



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 <b>099362</b>	NAME OF AGENCY <b>509 SFS</b>	DATE OF INSPECTION <b>14 JUN 23</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>1031 VANDENBERG AVE, WAFB</b>		TIME OF INSPECTION <b>0800</b>

**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** LOT # **22310** EXP. DATE **11 AUG 24**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0°** SIM. SN **MP6026** SIM. NIST EXP DATE **27 FEB 24**

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 - **.101%** TEST 2 - **.099%** TEST 3 - **.099%**

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 *[Signature]*

PRINT NAME **THOMAS G. HUFFLES**

TYPE II PERMIT NUMBER/EXPIRATION DATE **220278 / 21 DEC 24**

TELEPHONE NUMBER **660-687-1821**

**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: 099362  
Version no: 532B

TEST RECORD 01847 s/  
Temp Date Time 210L

VOID: RJ  
12 07/14/23 08:18

Subject Name

THOMAS G. HURFLES

Subject I.D.

220278 / 21 DEC 24

Operator Name, I.D.

Location

AS IV Serial no: 099362  
Version no: 532B

TEST RECORD 01846 s/  
Temp Date Time 210L

Air Blank:  
07/14/23 08:16 .000

Subject Test: Auto  
23 07/14/23 08:16 .099

Subject Name

THOMAS G. HURFLES

Subject I.D.

220278 / 21 DEC 24

Operator Name, I.D.

Location

AS IV Serial no: 099362  
Version no: 532B

TEST RECORD - REPRINT  
TEST RECORD 01845 s/  
Temp Date Time 210L

Air Blank:  
07/14/23 08:13 .000

Subject Test: Auto  
22 07/14/23 08:13 .099

Subject Name

THOMAS G. HURFLES

Subject I.D.

220278 / 21 DEC 24

Operator Name, I.D.

Location

AS IV Serial no: 099362  
Version no: 532B

TEST RECORD 01844 s/  
Temp Date Time 210L

Air Blank:  
07/14/23 08:11 .000

Subject Test: Auto  
21 07/14/23 08:11 .101

Subject Name

THOMAS G. HURFLES

Subject I.D.

220278 / 21 DEC 24

Operator Name, I.D.

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 **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  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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 **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

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220278

*Dave J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/21/2024

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

