

**RECEIVED**

By Tracy Crews at 7:22 am, Sep 21, 2023



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<br>102458 093.3578.252   | NAME OF AGENCY<br>Brookfield Police Dept. | DATE OF INSPECTION<br>09/12/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>116 W. Brooks St. Brookfield, MO 64628 |   | TIME OF INSPECTION<br>3:43 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**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION                               | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE     |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Lab</u>                | LOT # <u>23180</u> EXP. DATE <u>05/17/2025</u>              |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> | SIM. SN <u>Sd 2763</u> SIM. NIST EXP DATE <u>01/27/2024</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 → 0.101 | TEST 2 → 0.101 | TEST 3 → 0.100 |
|----------------|----------------|----------------|

- RFI DETECTOR OPERATING

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

|          |   |         |   |           |   |           |   |           |   |            |   |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|
| 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).

This instrument meets Dept. of Health standards.

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT NAME<br>Stuart Hughes        |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220175 06/29/2024 | TELEPHONE NUMBER<br>(660) 258-3385 |

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

AS IU Serial no: 102458  
Version no: 532B

TEST RECORD 01055

Temp Date Time 210L %/

Air Blank: 09/21/23 03:43 .000  
Calibration Check: 22 09/21/23 03:43 .101

Subject Name *S. Hines*  
Subject I.D.

Operator Name, I.D. *S. Hines 200175*  
Location *BB*

AS IU Serial no: 102458  
Version no: 532B

TEST RECORD 01056

Temp Date Time 210L %/

Air Blank: 09/21/23 03:45 .000  
Calibration Check: 23 09/21/23 03:45 .101

Subject Name *S. Hines*  
Subject I.D.

Operator Name, I.D. *S. Hines 200175*  
Location *BB*

AS IU Serial no: 102458  
Version no: 532B

TEST RECORD 01057

Temp Date Time 210L %/

Air Blank: 09/21/23 03:47 .000  
Calibration Check: 24 09/21/23 03:47 .100

Subject Name *S. Hines*  
Subject I.D.

Operator Name, I.D. *S. Hines 200175*  
Location *BB*

AS IU Serial no: 102458  
Version no: 532B

TEST RECORD 01058

Temp Date Time 210L %/

VOID: RFI  
12 09/21/23 03:50

Subject Name *RFI*  
Subject I.D.

Operator Name, I.D. *S. Hines 200175*  
Location *BB*

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-4470

**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°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 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.*



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



PERMIT  
TYPE II

STUART W. HUGHES

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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 6/29/2022

NUMBER 220175

EXPIRES 6/29/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4

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 HUGHES, STUART  
Permit No 220175  
Date Issued 6/29/2022 Date Expires 6/29/2024