

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 NAME OF AGENCY DATE OF INSPECTION 102461 1 Dec 2023 LOCATION OF INSTRUMENT (STREET AND CITY) TIME OF INSPECTION 106 Progress Drive 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 LOT# 23/80 STANDARD SUPPLIER SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° SIM. SN 503322SIM. NIST EXP DATE 01/20/24 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 3 - , 098% TEST 1 = RFI DETECTOR OPERATING INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) (0-.04) (.10-.14) REFUSALS 😂 (.05-.09) (.15-.19) (OVER .19) 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). Instrument is operating within D.O. H. specifications INSPECTING OFFICER Conege Ap gely TYPE II PERMIT NUMBER/EXPIRATION DATE TELEPHONE NUMBER

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office

by mail, fax, or email.



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 FNI1172002 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.

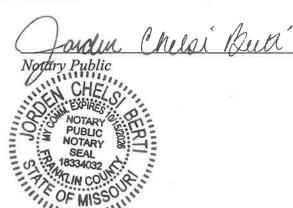
STATE OF MISSOURI)	aa
CÓUNTY OF FRANKLIN)	SS

AFFIDAVIT

Before me, the undersigned authority, personally appeared <u>Officer Gregory West</u> who, being by me duly sworn, deposed as follows:

My name is <u>Officer Gregory West</u>, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:





Tryon a. Elas

	1 no: 182461	Time 2101 T	alibration Check: 23 12/61/23 12:53 , 698	Subject I.D.	OPERATOR NAME, I.D. Location			
a wx	AS IV Serial no: 182461 AS IV Serial Version no: 532B Version no: TEST RECORD 01151	Air Tens	Call	Subject I.D. Subject I.D.	Operator Name, I.D. Operator Name,	Location		
r.o.	AS IV Serial not 182461 Version not 532B	Temp Date Time 2101.	12/81/23 12:50 ,880 Calibration: 23 12/81/23 12:50 ,897	Subject Name	Operator Name, I.D.	Location		



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

GREGORY A. WEST

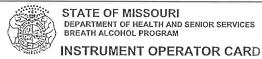
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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 306 110 RSMo

377.020 tillough 377.041, NSIMO and 300.111 tillough 306.119 NSIMO	Mike Masson
DATE6/14/2023	/ (ite / lassmi
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230126	
EXPIRES 6/14/2025	Davla J. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 580-0771 (6-10)	LARA (RE 10)

LAB-4 (R6-10)



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

WEST, GREGORY Permit No 230126

Date Issued 6/14/2023 Date Expires 6/14/2025

