



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
BY: [unclear] [unclear] at 10:22 am, Dec 01, 2023

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 <i>102466</i>	NAME OF AGENCY <i>Sullivan Police Dept</i>	DATE OF INSPECTION <i>1 Dec 2023</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>106 Happiness Drive Sullivan MO 63080</i>		TIME OF INSPECTION <i>1350</i>

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) *24°C*
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER *Cuth Labs* LOT # *23180* EXP. DATE *05/17/25*
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34°C* SIM. SN *509322* SIM. 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 1 → <i>.098%</i>	TEST 2 → <i>.098%</i>	TEST 3 → <i>.097%</i>
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- 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 <i>0</i>	(0-.04) <i>0</i>	(.05-.09) <i>1</i>	(.10-.14) <i>0</i>	(.15-.19) <i>0</i>	(OVER .19) <i>0</i>
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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).

Instrument is operating within D.O.H. specifications

INSPECTING OFFICER	
SIGNATURE <i>Gregory A. West</i>	PRINT NAME <i>Gregory A. West</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230126 06/14/25</i>	TELEPHONE NUMBER <i>573-468-8001</i>

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



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 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)
)
COUNTY OF FRANKLIN) SS

AFFIDAVIT

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

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

I am the custodian of maintenance records of the Alco Sensor IV, S/N 102466. Attached hereto are 4 pages of records from the Sullivan Police Department for the month of December, 2023. These 4 pages of records are kept by Sullivan Police Department in the regular course of business, and it was the regular course of business of Sullivan Police Department for an employee or representative of Sullivan Police Department with knowledge of the act, event, condition, opinion or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicate of the original.

Gregory A. West

In witness whereof I have hereunto subscribed my name and affixed my official seal this
1 day of December, 2023.



Jordan Chelsi Burt
Notary Public

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 01419

Temp Date Time 210L s/

Air Blank: 12/01/23 13:59 .000

Calibration: 24 12/01/23 13:59 .998

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 01420

Temp Date Time 210L s/

Air Blank: 12/01/23 14:01 .000

Calibration Check: 25 12/01/23 14:01 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 01421

Temp Date Time 210L s/

Air Blank: 12/01/23 14:03 .000

Calibration Check: 25 12/01/23 14:03 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 01422

Temp Date Time 210L s/

UCID: RFI

12 12/01/23 14:05

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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

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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 306.119 RSMo.

DATE 6/14/2023

NUMBER 230126

EXPIRES 6/14/2025

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula F. Nicholson

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 WEST, GREGORY
 Permit No 230126
 Date Issued 6/14/2023 Date Expires 6/14/2025

