



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 105446	NAME OF AGENCY LONE JACK PD	DATE OF INSPECTION 07/01/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 401 N BYNUM RD, LONE JACK, MO. 64070	TIME OF INSPECTION 3:39 pm
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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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES</u>	LOT # <u>22080</u>	EXP. DATE <u>03/07/2024</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP6535</u>	SIM. NIST EXP DATE <u>02/01/2024</u>
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- 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 <input checked="" type="checkbox"/> 0.097%	TEST 2 <input checked="" type="checkbox"/> 0.096%	TEST 3 <input checked="" type="checkbox"/> 0.095%
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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	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).

Time Change for seasonal purposes. Battery change for the low battery warning. New ink ribbon for printer

INSPECTING OFFICER

SIGNATURE <i>Zachary Argetsinger</i> 371	PRINT NAME ZACHARY ARGETSINGER
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TYPE PERMIT NUMBER/EXPIRATION DATE 230098 05/30/2025	TELEPHONE NUMBER (816) 697-2417
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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 no: 105446
Version no: 532B

TEST RECORD 01029

Temp Date Time 210L
Air Blank: 07/01/23 15:39 .000
Subject Test: Auto 23 07/01/23 15:39 .000

Subject Name
Subject I.D.

Operator Name, I.D.

Location

401 N. Bynum

LSPD

AS 1U Serial no: 105446
Version no: 532B

TEST RECORD 01030

Temp Date Time 210L
Air Blank: 07/01/23 15:42 .000
Calibration Check: 23 07/01/23 15:42 .097

Subject Name
Subject I.D.

Operator Name, I.D.

Location

401 N. Bynum

LSPD

AS 1U Serial no: 105446
Version no: 532B

TEST RECORD 01031

Temp Date Time 210L
Air Blank: 07/01/23 15:45 .000
Calibration Check: 24 07/01/23 15:45 .096

Subject Name
Subject I.D.

Operator Name, I.D.

Location

401 N. Bynum

LSPD

AS 1U Serial no: 105446
Version no: 532B

TEST RECORD 01032

Temp Date Time 210L
Air Blank: 07/01/23 15:47 .000
Calibration Check: 25 07/01/23 15:47 .095

Subject Name
Subject I.D.

Operator Name, I.D.

Location

401 N. Bynum Rd.

LSPD

AS 1U Serial no: 105446
Version no: 532B

TEST RECORD 01033

Temp Date Time 210L
VOID: RFI 12 07/01/23 15:50

Subject Name
Subject I.D.

Operator Name, I.D.

Location

401 N. Bynum Rd

LSPD

Subject Name
Subject I.D.

Subject Name
Subject I.D.

Subject Name
Subject I.D.

Subject Name
Subject I.D.

Subject Name
Subject I.D.

**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 2024** at 11:59 PM.

When used in a calibrated Simulator, operating at **34°C +/- 0.2°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 FN03053002 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**

ZACHARY A. ARGETSINGER

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 5/30/2023

NUMBER 230098

EXPIRES 5/30/2025

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 **ARGETSINGER, ZACHARY**
Permit No **230098**
Date Issued **5/30/2023** Date Expires **5/30/2025**

