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By Tracy Crews at 7:54 am, Jun 12, 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 105448 / Printer 09B.3591.016 | NAME OF AGENCY Clinton P.D. | DATE OF INSPECTION 06/11/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 101 East Ohio Street, Clinton, MO 64735 | | TIME OF INSPECTION 2:36 p.m. |

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 Laboratories, Inc. LOT # 22310 EXP. DATE 8/11/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD3509 SIM. NIST EXP DATE 07/19/2023

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 ← **.100**

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) **2** (.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

PRINT NAME **Michael Nelson**

TYPE II PERMIT NUMBER/EXPIRATION DATE **220186 / 07-22-2024**

TELEPHONE NUMBER
(660) 885-2679

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: 105448
Version no: 532B

TEST RECORD 01723

| Temp | Date | Time | s/ 210L |
|--------------------|-------------|-------|------------|
| Air Blank: | | | |
| | 06/11/23 | 14:36 | .000 |
| Calibration Check: | | | |
| | 21 06/11/23 | 14:36 | .101 |

Subject Name
TEST #1

Subject I.D.
N/A

Operator Name, I.D.
M. Nelson #220186

Location
Clinton P.D.
101 E. Ohio St.
Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01724

| Temp | Date | Time | s/ 210L |
|--------------------|-------------|-------|------------|
| Air Blank: | | | |
| | 06/11/23 | 14:38 | .000 |
| Calibration Check: | | | |
| | 22 06/11/23 | 14:38 | .100 |

Subject Name
TEST #2

Subject I.D.
N/A

Operator Name, I.D.
M. Nelson #220186

Location
Clinton P.D.
101 E. Ohio St.
Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01725

| Temp | Date | Time | s/ 210L |
|--------------------|-------------|-------|------------|
| Air Blank: | | | |
| | 06/11/23 | 14:40 | .000 |
| Calibration Check: | | | |
| | 22 06/11/23 | 14:40 | .099 |

Subject Name
TEST #3

Subject I.D.
N/A

Operator Name, I.D.
M. Nelson #220186

Location
Clinton P.D.
101 E. Ohio St.
Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01726

| Temp | Date | Time | s/ 210L |
|-----------|-------------|-------|------------|
| VOID: RFI | | | |
| | 12 06/11/23 | 14:42 | |

Subject Name
RFI

Subject I.D.
N/A

Operator Name, I.D.
M. Nelson #220186

Location
Clinton P.D.
101 E. Ohio St.
Clinton, MO
64735

Subject Name
Self Test

Subject I.D.
N/A

Operator Name, I.D.
M. Nelson #220186

Location
Clinton P.D.
101 E. Ohio St.
Clinton, MO 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01727

| Temp | Date | Time | s/ 210L |
|--------------------|-------------|-------|------------|
| Air Blank: | | | |
| | 06/11/23 | 14:44 | .000 |
| Subject Test: Auto | | | |
| | 23 06/11/23 | 14:44 | .000 |

Subject Name
Self Test

Subject I.D.
N/A

Operator Name, I.D.
M. Nelson #220186

Location
Clinton P.D.
101 E. Ohio St.
Clinton, MO 64735

Subject Name
Self Test

Subject I.D.
N/A

Operator Name, I.D.
M. Nelson #220186

Location
Clinton P.D.
101 E. Ohio St.
Clinton, MO 64735



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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

2

PERMIT
TYPE II
MICHAEL S. NELSON

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 7/22/2022

NUMBER 220186

EXPIRES 7/22/2024

MO 580-0771 (6-10)

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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 NELSON, MICHAEL
Permit No 220186
Date Issued 7/22/2022 **Date Expires** 7/22/2024

