



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 105451	NAME OF AGENCY BRECKENRIDGE HILLS	DATE OF INSPECTION 01/08/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 9623 ST CHARLES ROCK ROAD, BRECKENRIDGE HILLS		TIME OF INSPECTION 8:27 pm

**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) *28°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 # 21380 EXP. DATE 09/13/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP 6536 SIM. NIST EXP DATE 03/25/2023
- 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 <i>☛</i> .105	TEST 2 <i>☛</i> .105	TEST 3 <i>☛</i> .105
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)	1
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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).

**INSPECTING OFFICER**

SIGNATURE <i>Michael Presson</i>	PRINT NAME MICHAEL PRESSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 22068, 03/09/2024	TELEPHONE NUMBER (314) 426-1214

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: 185451  
Version no: 532B

TEST RECORD 01626

Temp Date Time 210L

Air Blank:  
01/08/23 20:27 .000  
Calibration Check:  
22 01/08/23 20:27 .185

Subject Name  
Maintenance

Subject I.D.  
N/A

Operator Name, I.D.

Podruchal M 288

Location

9623 MO 180

St-Louis, MO 63114

AS IV Serial no: 185451  
Version no: 532B

TEST RECORD 01627

Temp Date Time 210L

Air Blank:  
01/08/23 20:29 .000  
Calibration Check:  
23 01/08/23 20:29 .185

Subject Name

Maintenance  
Subject I.D.

N/A  
Operator Name, I.D.

Podruchal M 288

Location

9623 MO 180

St-Louis, MO 63114

AS IV Serial no: 185451  
Version no: 532B

TEST RECORD 01628

Temp Date Time 210L

Air Blank:  
21/08/23 20:31 .000  
Calibration Check:  
24 01/08/23 20:31 .185

Subject Name

Maintenance  
Subject I.D.

N/A  
Operator Name, I.D.

Podruchal M 288

Location

9623 MO 180

St-Louis, MO 63114

AS IV Serial no: 185451  
Version no: 532B

TEST RECORD 01629

Temp Date Time 210L

VOID: RFI  
12 01/08/23 20:33

Subject Name

Maintenance  
Subject I.D.

N/A  
Operator Name, I.D.

Podruchal M 288

Location

9623 MO 180

St-Louis, MO 63114

ST-Louis, Mo 63114

01/08/23 20:38

Location

Podunk  
I.D. 332

Operator Name, I.D.

N/A

Subject I.D.

Maintenance

Subject Name

01/08/23 20:38

VOID: RFI

Temp Date Time 2101

9/

TEST RECORD 01629

Version no: 532B

AS IV Serial no: 105451

St. Louis, Mo 63114

01/08/23 20:31

Location

Podunk  
I.D. 332

Operator Name, I.D.

N/A

Subject I.D.

Maintenance

Subject Name

01/08/23 20:31 .105

Validation Check:

01/08/23 20:31 .000

Air Blank:

Temp Date Time 2101

9/

TEST RECORD 01628

Version no: 532B

AS IV Serial no: 105451

ST-Louis, Mo 63114

01/08/23 20:29

Location

Podunk  
I.D. 332

Operator Name, I.D.

N/A

Subject I.D.

Maintenance

Subject Name

01/08/23 20:29 .105

Validation Check:

01/08/23 20:29 .000

Air Blank:

Temp Date Time 2101

9/

TEST RECORD 01627

Version no: 532B

AS IV Serial no: 105451

St-Louis, Mo 63114

01/08/23 20:27

Location

Podunk  
I.D. 332

Operator Name, I.D.

N/A

Subject I.D.

Maintenance

Subject Name

01/08/23 20:27 .105

Validation Check:

01/08/23 20:27 .000

Air Blank:

Temp Date Time 2101

9/

TEST RECORD 01626

Version no: 532B

AS IV Serial no: 105451



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **21380** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 15, 2021**, 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 **September 13, 2023** 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



**PERMIT  
TYPE II**

**MICHAEL B PRESSON**

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: 3/9/2022

NUMBER 220068

EXPIRES 3/9/2024

*Laura Q. Wang*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (16-10)



**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 **PRESSON, MICHAEL**  
Permit No **220068**  
Date Issued **3/9/2022**    Date Expires **3/9/2024**

