

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 107460 | | | NAME OF AGENCY MARSHALL PD | | | DATE OF 07/09/2 | inspection 2023 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 461 W. ARROW MARSHALL MO 65340 | | | | | | TIME OF I 10:17 p | NSPECTION DM | | |
| 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) | | | | | | | | |
| Ø | PRINTER WORKING PROPERLY | | | | | | | | |
| | TIME AND DATE DIS | SPLAYING PROPER | RLY | | | | | | |
| BR | EATH ALCOHOL AC | CURACY STANDAR | RDS | | | | | | |
| | SIMULATOR SOLUT | TON | | ☐ COMPRESSED ETHANOL-GAS MIXTURE | | | | | |
| | STANDARD SUPPLI | ER GUTH | | OT # 21380 | EXP. DATE | 09/13/2 | 2023 | | |
| | SIMULATOR TEMPE | ERATURE (34°C ± 0 | .2°C) <u>33.98</u> SI | M. SNMP495 | 3 SIM. N | IIST EXF | P DATE <u>08/31/2023</u> | | |
| | 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 • .102 | | EST 2 	 .102 | | TEST 3 ♥ .101 | | | | | |
| ☑ RFI DETECTOR OPERATING | | | | | | | | | |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) | | | | | | | | | |
| REF | USALS | (004) | (.0509) | (.1014) | (.1519) | | (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). | | | | | | | | | |
| INSPECTING OFFICER | | | | | | | | | |
| SIGN | ATUFU. Blake | Montgen | | PRINT NAME M. BLAKE MONTGOMERY | | | | | |
| | II PERMIT NUMBER/EXPIRATION | | | TELEPHONE NUMBER 6608867411 | | | | | |
| 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: 107460 Version no: 532B |
|---|
| TEST RECORD 01116 |
| Temp Date Time 210L |
| Air Blank: 07/09/23 22:17 .000 Calibration Check: 27 07/09/23 22:17 .102 |
| Subject Name |
| Subject I.D. |
| Operator Name, I.B. Montgomery 220216 Location |
| 461 W Acrow |
| MPD |
| AS IV Serial no: 107460 |
| Version no: 532B |
| TEST RECORD 01118 |
| Temp Date Time 21 0L Air Blank: |
| 07/09/23 22:22 .000 Calibration Check: 27 07/09/23 22:22 .101 |
| Subject Name Test 3 Subject I.D. |
| Operator Name, I.D. Mintominy Location |
| |

| | Serial on no: | no: 10 532B | 7460 | | |
|---|---|----------------|-------|--|--|
| TE | ST RECOR | RD 011 | 17 9/ | | |
| Temp | Date | Time | 210L | | |
| Calib | lank: 7/09/23 ration (7/09/23 | Check: | | | |
| | ct Name /es t ct I.D. | 2 | | | |
| Operator Name, I.D. Montgo mery 320214 Location | | | | | |
| | MP) | D | | | |

AS IV Serial no: 107460
Version no: 532B

TEST RECORD 01119

Temp Date Time 210L

VOID: RFI
12 07/09/23 22:23

Subject Name

Test RFT
Subject I.D.

Operator Name, I.D.

Montonery 220216
Location



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°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 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

M. BLAKE MONTGOMERY

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, INTOX DMT

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.

| DATE9/2/2022 | Mike Massur | | |
|----------------------|--|--|--|
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY | | |
| NUMBER 220216 | | | |
| EXPIRES 9/2/2024 | Davla J. Nichelson | | |
| | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES | | |

MO 580-0771 (6-10)

LAB-4 (R6-10)

