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By Tracy Crews at 8:32 am, Nov 07, 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 107986 | NAME OF AGENCY MSHP | DATE OF INSPECTION 11/06/2023 |
|-----------------------------|------------------------|----------------------------------|

| | |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 891 TECHNOLOGY DRIVE, WELDON SPRING (MOBILE UINSTRUMENT) | TIME OF INSPECTION 11:46 am |
|--|--------------------------------|

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 |
|--|---|

| |
|--|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES INC.</u> LOT # <u>22430</u> EXP. DATE <u>11/30/2024</u> |
|--|

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|--|
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2459</u> SIM. NIST EXP DATE <u>01/27/2024</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 .101 | TEST 2 .102 | TEST 3 .100 |
|--------------|--------------|--------------|

- 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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 ADJUSTED AND BATTERY REPLACED

INSPECTING OFFICER

| | |
|---------------|--------------------------|
| SIGNATURE | PRINT NAME A. MICHELS |
|---------------|--------------------------|

| | |
|---|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE PERMIT #210321, EXPIRES 12/16/2023 | TELEPHONE NUMBER (636) 300-2800 |
|---|------------------------------------|

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: 107986
Version no: 532B

TEST RECORD 00645

Temp Date Time ^{s/} 210L

Air Blank:
11/06/23 11:47 .000
Calibration Check:
20 11/06/23 11:47 .101

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00646

Temp Date Time ^{s/} 210L

Air Blank:
11/06/23 11:49 .000
Calibration Check:
20 11/06/23 11:49 .102

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00647

Temp Date Time ^{s/} 210L

Air Blank:
11/06/23 11:52 .000
Calibration Check:
22 11/06/23 11:52 .100

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00648

Temp Date Time ^{s/} 210L

VOID: RFI
12 11/06/23 11:55

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

A. Michels #210321

Location

Troop C HQ



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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 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



PERMIT
TYPE II
ADAM J. MICHELS

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 **12/16/2021**

NUMBER **210321**

EXPIRES **12/16/2023**

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Ramsey

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 MICHELS, ADAM
Permit No 210321
Date Issued 12/16/2021 **Date Expires** 12/16/2023

