



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 11327	NAME OF AGENCY Lawson Police Dept	DATE OF INSPECTION 11/02/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 103 W 3rd ST Lawson, MO 64062		TIME OF INSPECTION 4:45 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

**RECEIVED**

By Tracy Crews at 8:36 am, Nov 02, 2023

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION

COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Labs

LOT # 22430

EXP. DATE 11/02/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0

SIM. SN DR5392

SIM. NIST EXP DATE 03/22/2024

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 .099

TEST 2 .099

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-.04)

(.05-.09)

(.10-.14)

1

(.15-.19)

(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).

Adjusted clocked 2 minutes slow

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

Shawn Fields

TYPE II PERMIT NUMBER/EXPIRATION DATE

220274 12/21/2024

TELEPHONE NUMBER

(816) 580-7210

**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: 111327  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00867

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/02/23 05:00 .000  
Calibration Check:  
21 11/02/23 05:00 .099

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

Fields, Shawn 202

Location

Lawson PD

AS IV Serial no: 111327  
Version no: 532B

TEST RECORD 00868

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/02/23 05:03 .000  
Calibration Check:  
22 11/02/23 05:03 .099

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

Fields, Shawn 202

Location

Lawson PD

AS IV Serial no: 111327  
Version no: 532B

TEST RECORD 00869

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/02/23 05:04 .000  
Calibration Check:  
23 11/02/23 05:04 .099

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

Fields, Shawn 202

Location

Lawson PD

AS IV Serial no: 111327  
Version no: 532B

TEST RECORD 00870

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 11/02/23 05:05

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

Fields, Shawn 202

Location

Lawson PD



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

**PERMIT**  
**TYPE II**  
**SHAWN FIELDS**

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 12/21/2022

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220274

*David J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/21/2024

MO 580-0771 (6-10)

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 **FIELDS, SHAWN**  
Permit No **220274**  
Date Issued **12/21/2022** Date Expires **12/21/2024**





## 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.*