



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 111778	NAME OF AGENCY Oak Grove Police Department	DATE OF INSPECTION 09/06/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2110 S Broadway Oak Grove, Mo 64075		TIME OF INSPECTION 7:05 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)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth LOT # 22310 EXP. DATE 08/11/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2734 SIM. NIST EXP DATE 07/24/2024

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  .101

TEST 2  .100

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
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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

PRINT NAME  
Scott Bryan

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230159 08-07-2025

TELEPHONE NUMBER  
(816) 690-3773

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



## 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.*

Serial number: 11271  
Lot number: 026

TEST RECORD 00154

Test Date Time: 2/2

Lot blank:  
09/06/23 19:45 043  
Calibration Check:  
09/06/23 19:45 101

Project Name  
Test 1  
Project ID:  
230159 8-7-25  
Operator Name, L.U.  
Bryan 2202  
Location  
2110 S. Broadway

Serial number: 11271  
Lot number: 026

TEST RECORD 00154

Test Date Time: 2/2

Lot blank:  
09/06/23 19:45 043  
Calibration Check:  
09/06/23 19:45 101

Project Name  
Test 2  
Project ID:  
Bryan 2202  
Operator Name, L.U.  
230159 8-7-25  
Location  
2110 S Broadway

Serial number: 11271  
Lot number: 026

TEST RECORD 00154

Test Date Time: 2/2

Lot blank:  
09/06/23 19:45 043  
Calibration Check:  
09/06/23 19:45 101

Project Name  
Test 3  
Project ID:  
Bryan 2202  
Operator Name, L.U.  
230159 8-7-25  
Location  
2110 S. Broadway

Serial number: 11271  
Lot number: 026

TEST RECORD 00154

Test Date Time: 2/2

Lot blank:  
09/06/23 19:45 043  
Calibration Check:  
09/06/23 19:45 101

Project Name  
RFI  
Project ID:  
Bryan 2202  
Operator Name, L.U.  
230159 8-7-25  
Location  
2110 S. Broadway



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

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**PERMIT**  
**TYPE II**  
**RANDALL BRYAN**

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.

DATE 8/7/2023

NUMBER 230159

EXPIRES 8/7/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 BRYAN, RANDALL  
 Permit No 230159  
 Date Issued 8/7/2023 Date Expires 8/7/2025

