



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY: [Name] CHECKED BY: [Name] DATE: [Date]

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 11/05/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 2110 S. Broadway Oak Grove MO 64075		TIME OF INSPECTION 2:05 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 .099	TEST 2 .099	TEST 3 .099
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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)
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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°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.

AS IV Serial no: 111778
Version no: 532B

TEST RECORD 00517

Temp Date Time 210L

Air Blank:
11/05/23 14:07 .000
Calibration Check:
24 11/05/23 14:07 .070

Subject Name

Test 2

Subject I.D.

Bryan

Operator Name, I.D.

230159

Location

2110 S. Broadway

AS IV Serial no: 111778
Version no: 532B

TEST RECORD 00518

Temp Date Time 210L

Air Blank:
11/05/23 14:08 .000
Calibration Check:
24 11/05/23 14:08 .000

Subject Name

Test 3

Subject I.D.

Bryan

Operator Name, I.D.

230159

Location

2110 S. Broadway

AS IV Serial no: 111778
Version no: 532B

TEST RECORD 00516

Temp Date Time 210L

Air Blank:
11/05/23 14:05 .000
Calibration Check:
27 11/05/23 14:05 .070

Subject Name

Test 1

Subject I.D.

Bryan

Operator Name, I.D.

230159

Location

2110 S. Broadway

AS IV Serial no: 111778
Version no: 532B

TEST RECORD 00519

Temp Date Time 210L

WEID PFI
10 11/05/23 14:10

Subject Name

RFI Test

Subject I.D.

Bryan

Operator Name, I.D.

230159

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

Dave F. Nielsen

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

