



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

RECEIVED
 07/19/23 09:00 am
 08/04/23

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 111779	PRINTER SN 09B.3589.547	DATE OF INSPECTION 08/04/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 110 South Maple St Galena		TIME OF INSPECTION 5:53 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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</u>	LOT # <u>22430</u> EXP. DATE <u>11/30/2024</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>MP6027</u> SIMULATOR EXP DATE <u>02/27/2024</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .104	TEST 2 ➡ .105	TEST 3 ➡ .104
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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	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

Blank test prior to maintenance

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Kellyn Bailey
TYPE II PERMIT NUMBER/EXPIRATION DATE 230099 5/30/2025	TELEPHONE NUMBER (417) 357-6116

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Poplar Bluff, MO 63901

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 00705

Temp	Date	Time	s/	210L

Air Blank:
08/04/23 05:53 .000
Subject Test: Auto
20 08/04/23 05:53 .000

Subject Name
Blank Check
Subject I.D.

Operator Name, I.D.
K. Bailey 230099
Location
Stare Co Jail

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 00706

Temp	Date	Time	s/	210L

Air Blank:
08/04/23 05:56 .000
Calibration Check:
22 08/04/23 05:56 .104

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
K. Bailey 230099
Location
Stare Co Jail

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 00707

Temp	Date	Time	s/	210L

Air Blank:
08/04/23 06:00 .000
Calibration Check:
22 08/04/23 06:00 .105

Subject Name
Test 2
Subject I.D.

Operator Name, I.D.
K. Bailey 230099
Location
Stare Co Jail

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 00708

Temp	Date	Time	s/	210L

Air Blank:
08/04/23 06:04 .000
Calibration Check:
23 08/04/23 06:04 .104

Subject Name
Test 3
Subject I.D.

Operator Name, I.D.
Bailey 230099
Location
Stare Co Jail

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 00709

Temp	Date	Time	s/	210L

VOID: RFI
12 08/04/23 06:08

Subject Name
RFI
Subject I.D.

Operator Name, I.D.
Bailey 230099
Location
Stare Co Jail



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

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**PERMIT
 TYPE II**

KELLYN BAILEY

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 5/30/2023

NUMBER 230099

EXPIRES 5/30/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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 BAILEY, KELLYN
 Permit No 230099
 Date Issued 5/30/2023 Date Expires 5/30/2025

