



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
By Tracy Crews at 10:59 am, Jul 31, 2023

**ORIGINAL**

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 119737	NAME OF AGENCY MARYVILLE POLICE DEPARTMENT	DATE OF INSPECTION 07/31/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 101 N. VINE ST., MARYVILLE, MO 64468		TIME OF INSPECTION 9:30 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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER GUTH LABORATORIES LOT # 22430 EXP. DATE 11/30/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIM. SN SD2281 SIM. NIST EXP DATE 08/31/2023

- 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 ➡ .103	TEST 2 ➡ .103	TEST 3 ➡ .103
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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)	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 ▶ <i>W. Wilson / 202</i>	PRINT NAME WAYNE L. WILSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 220286 / 12-21-2024	TELEPHONE NUMBER (660) 562-3209

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

**ORIGINAL**

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00051

Temp Date Time <sup>g/</sup> 21OL

Air Blank:  
07/31/23 09:33 .000  
Calibration Check:  
21 07/31/23 09:33 .103

Subject Name  
Test #1  
Subject I.D.

Operator Name, I.D.  
Wayne Wilson / 220286  
Location  
101 N. Vine St.  
Maryville, MO 64468

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00052

Temp Date Time <sup>g/</sup> 21OL

Air Blank:  
07/31/23 09:35 .000  
Calibration Check:  
22 07/31/23 09:35 .103

Subject Name  
Test #2  
Subject I.D.

Operator Name, I.D.  
Wayne Wilson / 220286  
Location  
101 N. Vine St.  
Maryville, MO 64468

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00053

Temp Date Time <sup>g/</sup> 21OL

Air Blank:  
07/31/23 09:36 .000  
Calibration Check:  
23 07/31/23 09:36 .103

Subject Name  
Test #3  
Subject I.D.

Operator Name, I.D.  
Wayne Wilson / 220286  
Location  
101 N. Vine St.  
Maryville, MO 64468

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00054

Temp Date Time <sup>g/</sup> 21OL

VOID: RFI  
12 07/31/23 09:37

Subject Name  
REI Test  
Subject I.D.

Operator Name, I.D.  
Wayne Wilson / 220286  
Location  
101 N. Vine St.  
Maryville, MO 64468

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00055

Temp Date Time <sup>g/</sup> 21OL

Air Blank:  
07/31/23 09:39 .000  
Subject Test: Auto  
24 07/31/23 09:39 .000

Subject Name  
Self Test  
Subject I.D.

Operator Name, I.D.  
Wayne Wilson / 220286  
Location  
101 N. Vine St.  
Maryville, MO 64468



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

**ORIGINAL**

## 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.*

**ORIGINAL**



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

2

**PERMIT  
TYPE II**

**WAYNE L. WILSON**

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

NUMBER 220286

EXPIRES 12/21/2024

*Mike Masoma*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donna J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-6771 (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** WILSON, WAYNE  
**Permit No** 220286  
**Date Issued** 12/21/2022 **Date Expires** 12/21/2024

