



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 030810	NAME OF AGENCY El Dorado Springs	DATE OF INSPECTION 4-20-2024
-----------------------------	-------------------------------------	---------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street El Dorado Springs	TIME OF INSPECTION 16:11 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 Laboratories LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP24946 SIM. NIST EXP DATE 08/23/2024

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 → .101

TEST 3 → .101

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

N/A

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
 Jarrod Schiereck

TYPE II PERMIT NUMBER/EXPIRATION DATE  
 220233/09-12-2024

TELEPHONE NUMBER  
 417-876-2313

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

AS 10 Serial not 000010  
Version not 1020

AS 10 Serial not 000010  
Version not 1020

AS 10 Serial not 000010  
Version not 1020

TEST RECORD 00022  
Time Date Time 210L  
Air Blank  
04/20/24 16:11 .000  
Calibration Check  
22 04/20/24 16:11 .100

TEST RECORD 00028  
Time Date Time 210L  
Air Blank  
04/20/24 16:13 .000  
Calibration Check  
22 04/20/24 16:13 .101

TEST RECORD 00029  
Time Date Time 210L  
Air Blank  
04/20/24 16:15 .000  
Calibration Check  
22 04/20/24 16:15 .101

Subject Name  
BLANK TEST  
Subject I.D.

Subject Name  
TEST #1  
Subject I.D.

Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D. 109  
Jarrod Schiereck  
Location  
1207 S MAIN  
EL Dorado Springs

Operator Name, I.D. 109  
Jarrod Schiereck  
Location  
1207 S MAIN  
EL Dorado Springs

Operator Name, I.D. 109  
Jarrod Schiereck  
Location  
1207 S MAIN  
EL Dorado Springs

AS 10 Serial not 000010  
Version not 1020

AS 10 Serial not 000010  
Version not 1020

TEST RECORD 00030  
Time Date Time 210L  
Air Blank  
04/20/24 16:16 .000  
Calibration Check  
23 04/20/24 16:16 .101

TEST RECORD 00031  
Time Date Time 210L  
Air Blank  
04/20/24 16:19

Subject Name  
TEST #3  
Subject I.D.

Subject Name  
R.F.I. TEST  
Subject I.D.

Operator Name, I.D. 109  
Jarrod Schiereck  
Location  
1207 S MAIN  
EL Dorado Springs

Operator Name, I.D. 109  
Jarrod Schiereck  
Location  
1207 S MAIN  
EL Dorado Springs



## 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 **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** 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 FN03072301 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

2

**PERMIT**  
**TYPE II**  
**JARROD SCHIERECK**

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 9/12/2022

NUMBER 220233

EXPIRES 9/12/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 SCHIERECK, JARROD  
 Permit No 220233  
 Date Issued 9/12/2022 Date Expires 9/12/2024

