



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<br>095961  | PRINTER SN<br>099.3586.643 | DATE OF INSPECTION<br>02/22/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>715 W Center Circle, Nixa MO |                            | TIME OF INSPECTION<br>10:05 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 Laboratories LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN MP5537 SIMULATOR EXP DATE 07/19/2024

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 ➡ .102 | TEST 2 ➡ .104 | TEST 3 ➡ .103 |
|---------------|---------------|---------------|

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) |
|----------|---------|-----------|-----------|-----------|------------|

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).  
 Meets and exceeds standards.

This instrument is assigned to the Sparta, Missouri Police Department. The Maintenance was completed by the Nixa, Missouri Police Department.

**INSPECTING OFFICER**

|  |                                      |
|--|--------------------------------------|
| SIGNATURE<br><i>R. Seiner</i>                              | PRINT NAME<br>Sgt R Seiner - Nixa PD |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220217 09/09/2024 | TELEPHONE NUMBER<br>(417) 725-2510   |

**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

# Nixa Police Department

## Calibration Check slip's

AS IV Serial no: 095961  
Version no: 532B

TEST RECORD 02811

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/22/24 22:36 .000  
Calibration Check:  
20 02/22/24 22:36 .102

Subject Name  
TEST 1

Subject I.D.

Operator Name, I.D.  
SEINER

Location  
NIXA PD

AS IV Serial no: 095961  
Version no: 532B

TEST RECORD 02812

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/22/24 22:39 .000  
Calibration Check:  
22 02/22/24 22:39 .104

Subject Name  
TEST 2

Subject I.D.

Operator Name, I.D.  
SEINER

Location  
NIXA PD

AS IV Serial no: 095961  
Version no: 532B

TEST RECORD 02813

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
02/22/24 22:41 .000  
Calibration Check:  
23 02/22/24 22:41 .103

Subject Name  
TEST 3

Subject I.D.

Operator Name, I.D.  
SEINER

Location  
NIXA PD

# Nixa Police Department

## RFI Evidence slip

|                         |      |           |
|-------------------------|------|-----------|
| AS IV Serial no: 095961 |      |           |
| Version no: 532B        |      |           |
| TEST RECORD 02814       |      |           |
| Temp                    | Date | Time 210L |
| VOID: RFI               |      |           |
| 12 02/22/24 22:43       |      |           |
| Subject Name            |      |           |
| RFI                     |      |           |
| Subject I.D.            |      |           |
| Operator Name, I.D.     |      |           |
| SEINER                  |      |           |
| Location                |      |           |
| NIXA PD                 |      |           |

# Nixa Police Department

## Blank (Zero) test Evidence slip

|                         |          |            |
|-------------------------|----------|------------|
| AS IV Serial no: 095961 |          |            |
| Version no: 532B        |          |            |
| TEST RECORD 02810       |          |            |
| Temp                    | Date     | Time 210L  |
| -----                   |          |            |
| Air Blank:              |          |            |
|                         | 02/22/24 | 22:35 .000 |
| Calibration Check:      |          |            |
| 19                      | 02/22/24 | 22:35 .000 |
| -----                   |          |            |
| Subject Name            |          |            |
| BLANK                   |          |            |
| -----                   |          |            |
| Subject I.D.            |          |            |
| -----                   |          |            |
| Operator Name, I.D.     |          |            |
| SEINER                  |          |            |
| -----                   |          |            |
| Location                |          |            |
| NIXA PD                 |          |            |
| -----                   |          |            |
| -----                   |          |            |



## 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



**PERMIT**  
**TYPE II**  
**ROBERT A. SEINER**

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 9/9/2022

NUMBER 220232

EXPIRES 9/9/2024

*Laura P. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald B. Kamm*

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 SEINER, ROBERT  
 Permit No 220232  
 Date Issued 9/9/2022 Date Expires 9/9/2024

