



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 102467	NAME OF AGENCY CAMDEN COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 01/30/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 133 CHARLISSE RD FOUR SEASONS MISSOURI 65049		TIME OF INSPECTION 1114

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 GUTH LABS	LOT # 23390 EXP. DATE 01/17/2025
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0C	SIM. SN 2758 SIM. NIST EXP DATE 01/29/2025

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 = .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-.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 <i>[Signature]</i> 243	PRINT NAME ROBERT W. SELBY 2431
TYPE II PERMIT NUMBER/EXPIRATION DATE 230652 03/27/2025	TELEPHONE NUMBER (573) 346 2243

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

00434 VOID: RFI
12 01/30/24 11:10
00.0 Lit. 00.0 Sec.
00435 VOID: RFI
12 01/30/24 11:14
00.0 Lit. 00.0 Sec.
00436 VOID: RFI
12 01/30/24 11:14
00.0 Lit. 00.0 Sec.
00437 VOID: RFI
12 01/30/24 11:14
00.0 Lit. 00.0 Sec.

AS IU Serial no: 102467
Version no: 532B

TEST RECORD 00435

Temp Date Time 210L

VOID: RFI
12 01/30/24 11:14

Subject Name
~~XXXXXXXXXXXXXXXXXXXX~~

0
00.0 Lit. 00.0 Sec.
00434 Calibration Check:
23 01/30/24 11:10 .000
00.0 Lit. 00.0 Sec.
00435 VOID: RFI
12 01/30/24 11:14
00.0 Lit. 00.0 Sec.
00436 Calibration Check:
20 01/30/24 13:07 .000
00.0 Lit. 00.0 Sec.
00437 Calibration Check:
21 01/30/24 13:09 .000
00.0 Lit. 00.0 Sec.

VOID: RFI
12 01/30/24 11:14
00.0 Lit. 00.0 Sec.

TEST RECORD 00433

Temp Date Time ^{s/} 210L

Air Blank:
01/30/24 11:05 .000
Calibration Check:
22 01/30/24 11:05 .104

Subject Name

AS IV

Subject I.D.

MAINTENANCE

Operator Name, I.D.

SELBY

Location

133 CHEROKEE RD

FOUR SEASONS MO 65p49

TEST RECORD 00432

Temp Date Time ^{s/} 210L

Air Blank:
01/30/24 11:03 .000
Calibration Check:
22 01/30/24 11:03 .105

Subject Name

AS IV

Subject I.D.

MAINTENANCE

Operator Name, I.D.

SELBY

Location

133 CHEROKEE ROAD

FOUR SEASONS MO 65p49

TEST RECORD 00431

Temp Date Time ^{s/} 210L

Air Blank:
01/30/24 11:00 .000
Calibration Check:
20 01/30/24 11:00 .104

Subject Name

AS IV

Subject I.D.

MAINTENANCE

Operator Name, I.D.

SELBY

Location

133 CHEROKEE ROAD

FOUR SEASONS MO 65p49



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°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 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.



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

ROBERT SELBY

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 3/27/2023 *Mike Morrison*

NUMBER 230052 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 3/27/2025 *Douglas J. Richardson*

MO 580-0771 (6-10) DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (HE-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 **SELBY, ROBERT**
Permit No **230052**
Date Issued **3/27/2023** Date Expires **3/27/2025**

