



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 7:32 am, Mar 25, 2024

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 <u>102467</u>	NAME OF AGENCY <u>CAMDEN COUNTY SHERIFFS OFFICE</u>	DATE OF INSPECTION <u>3/23/2024</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>133 CHEROKEE RD FOUR SEASONS MO 65449</u>		TIME OF INSPECTION <u>0900</u>

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 type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABS</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u> SIM. SN <u>2758</u> SIM. NIST EXP DATE <u>4/29/2025</u>	
<input checked="" type="checkbox"/> 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 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 • <u>.105</u>	TEST 2 • <u>.104</u>	TEST 3 • <u>.104</u>
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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 <u>0</u>	(0-.04) <u>4</u>	(.05-.09) <u>1</u>	(.10-.14) <u>6</u>	(.15-.19) <u>3</u>	(OVER .19) <u>0</u>
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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).

UPDATED TIME AND DATE

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u> 2431	PRINT NAME <u>ROBERT W. SELBY 2431</u>
TYPE / PERMIT NUMBER/EXPIRATION DATE <u>230452 3/27/2025</u>	TELEPHONE NUMBER <u>(573) 346-2243</u>

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

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00453

Temp Date Time ^{s/} 210L

Air Blank:
03/23/24 09:33 .000
Calibration Check:
28 03/23/24 09:33 .105

Subject Name

AS ID

Subject I.D.

MAINTENANCE

Operator Name, I.D.

SELBY 2431

Location

133 CHEROKEE RD

FOUR SEASONS MO 65049

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00457

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/23/24 09:50

Subject Name

AS ID

Subject I.D.

MAINTENANCE

Operator Name, I.D.

SELBY 2431

Location

133 CHEROKEE RD

FOUR SEASONS MO 65049

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00455

Temp Date Time ^{s/} 210L

Air Blank:
03/23/24 09:36 .000
Calibration Check:
29 03/23/24 09:36 .104

Subject Name

AS ID

Subject I.D.

MAINTENANCE

Operator Name, I.D.

SELBY 2431

Location

133 CHEROKEE RD

FOUR SEASONS MO 65049

AS IV Serial no: 102467
Version no: 532B

TEST RECORD 00454

Temp Date Time ^{s/} 210L

Air Blank:
03/23/24 09:35 .000
Calibration Check:
29 03/23/24 09:35 .104

Subject Name

AS ID

Subject I.D.

MAINTENANCE

Operator Name, I.D.

SELBY 2431

Location

133 CHEROKEE RD

FOUR SEASONS MO 65049



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 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

NUMBER 230052

EXPIRES 3/27/2025

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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 **SELBY, ROBERT**
 Permit No **230052**
 Date Issued **3/27/2023** Date Expires **3/27/2025**

