



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 107987	PRINTER SN 096.3580.875	DATE OF INSPECTION 02/22/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 715 W Center Circle, Nixa MO	TIME OF INSPECTION 9:00 pm
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**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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>23390</u> EXP. DATE <u>10/12/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u> SIMULATOR SN <u>MP5537</u> SIMULATOR EXP DATE <u>07/19/2024</u>	

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 ➔ .100	TEST 2 ➔ .100	TEST 3 ➔ .101
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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).

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 	PRINT NAME Sgt R Seiner - Nixa PD
TYPE II PERMIT NUMBER/EXPIRATION DATE 220217 09/02/2024	TELEPHONE NUMBER (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: 107987  
Version no: 532B

TEST RECORD 02167

Temp	Date	Time	s/
		210L	

Air Blank:  
02/22/24 21:20 .000  
Calibration Check:  
22 02/22/24 21:20 .100

Subject Name  
TEST 1

Subject I.D.

Operator Name, I.D.  
RSEINER

Location  
NIXA PD

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02168

Temp	Date	Time	s/
		210L	

Air Blank:  
02/22/24 21:22 .000  
Calibration Check:  
23 02/22/24 21:22 .100

Subject Name  
TEST 2

Subject I.D.

Operator Name, I.D.  
RSEINER

Location  
NIXA PD

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02169

Temp	Date	Time	s/
		210L	

Air Blank:  
02/22/24 21:23 .000  
Calibration Check:  
23 02/22/24 21:23 .101

Subject Name  
TEST 3

Subject I.D.

Operator Name, I.D.  
RSEINER

Location  
NIXA PD

# Nixa Police Department

## RFI Evidence slip

AS IV Serial no: 107987			
Version no: 532B			
TEST RECORD 02170			
Temp	Date	Time	s/
			210L
VOID: RFI			
12 02/22/24 21:24			
Subject Name			
RFI TEST			
Subject I.D.			
Operator Name, I.D.			
RSENER			
Location			
NIXA PD			

# Nixa Police Department

## Blank (Zero) test Evidence slip

AS IV Serial no: 107987			
Version no: 532B			
TEST RECORD 02166			
Temp	Date	Time	210L
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Air Blank:			
	02/22/24	21:18	.000
Calibration Check:			
21	02/22/24	21:18	.000
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Subject Name			
BLANK TEST			
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Subject I.D.			
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Operator Name, I.D.			
SEINER			
-----			
Location			
NIXA PD			
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## 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

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**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 Q. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Rowan*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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

