

RECEIVED

By Tracy Crews at 11:51 am, Jan 25, 2024

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 119730	NAME OF AGENCY Palmyra Police Department	DATE OF INSPECTION 01/25/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Main St. Palmyra Mo. 63461		TIME OF INSPECTION 9:10 am

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 <u>Guth Laboratories</u>	LOT # <u>22430</u> EXP. DATE <u>11/30/2024</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>DR5308</u> SIM. NIST EXP DATE <u>07/10/2024</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 .098	TEST 2 .097	TEST 3 .098
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 	PRINT NAME Michael L. Baker
TYPE II PERMIT NUMBER/EXPIRATION DATE 230025/05/25/2025	TELEPHONE NUMBER (573) 769-5540

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: 119730
Version no: 532C

TEST RECORD 00123

Temp Date Time ^{g/L} 210L

Air Blank:
01/25/24 09:10 .000
Calibration Check:
20 01/25/24 09:10 .098

Subject Name
Calibration check
Subject I.D.
Michael L. BAKER
Operator Name, I.D.
PALMYRA P.D.
Location

AS IV Serial no: 119730
Version no: 532C

TEST RECORD 00124

Temp Date Time ^{g/L} 210L

Air Blank:
01/25/24 09:11 .000
Calibration Check:
21 01/25/24 09:11 .097

Subject Name
Calibration check
Subject I.D.
Michael L. BAKER
Operator Name, I.D.
PALMYRA P.D.
Location

AS IV Serial no: 119730
Version no: 532C

TEST RECORD 00125

Temp Date Time ^{g/L} 210L

Air Blank:
01/25/24 09:13 .000
Calibration Check:
21 01/25/24 09:13 .098

Subject Name
Calibration check
Subject I.D.
Michael L. BAKER
Operator Name, I.D.
PALMYRA P.D.
Location

AS IV Serial no: 119730
Version no: 532C

TEST RECORD 00126

Temp Date Time ^{g/L} 210L

VOID: RFI
12 01/25/24 09:14

Subject Name
RFI check
Subject I.D.
Michael L. BAKER
Operator Name, I.D.
Palmyra P.D.
Location



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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 2024** 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 FN03052002 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

MICHAEL L. BAKER

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 2/14/2023

NUMBER 230025

EXPIRES 2/14/2025

MO 680-0771 (6-10)

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (P6-10)

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 **BAKER, MICHAEL**
Permit No **230025**
Date Issued **2/14/2023** Date Expires **2/14/2025**

