



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #7

By Tracy Crews at 3:22 pm, Jan 11, 2024

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 <i>120499</i>	NAME OF AGENCY DOI-National Park Service	DATE OF INSPECTION <i>1/11/2024</i>
LOCATION OF INSTRUMENT (STREET AND CITY) Akers Ranger Station-Intersection of Highways K and KK		TIME OF INSPECTION <i>1313</i>

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 # 23180 EXP. DATE 05/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP7615 SIM. NIST EXP DATE 10/18/2024

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 <i>.101</i>	TEST 2 <i>.101</i>	TEST 3 <i>.101</i>
--------------------	--------------------	--------------------

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).

INSPECTING OFFICER

SIGNATURE <i>Zachary Swindle</i>	PRINT NAME Zachary Swindle
TYPE II PERMIT NUMBER/EXPIRATION DATE 230181 08/17/2025	TELEPHONE NUMBER (573) 351-9645

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: 120499
Version no: 532C

TEST RECORD 00007
Temp Date Time 210L
g/

Air Blank: 01/11/24 13:12 .000
Calibration Check: 20 01/11/24 13:12 .101

Subject Name
ZACK SWINDLE
Subject I.D.
230181 8/17/25
Operator Name, I.D.
ARLES RANGER STATION
Location
HWY K AND KR

INTERSECTION

AS IV Serial no: 120499
Version no: 532C

TEST RECORD 00008
Temp Date Time 210L
g/

Air Blank: 01/11/24 13:13 .000
Calibration Check: 21 01/11/24 13:13 .101

Subject Name
ZACK SWINDLE
Subject I.D.
230181 8/17/25
Operator Name, I.D.
ARLES RANGER STATION
Location
HWY K AND KR

INTERSECTION

AS IV Serial no: 120499
Version no: 532C

TEST RECORD 00009
Temp Date Time 210L
g/

Air Blank: 01/11/24 13:15 .000
Calibration Check: 21 01/11/24 13:15 .101

Subject Name
ZACK SWINDLE
Subject I.D.
230181 8/17/25
Operator Name, I.D.
ARLES RANGER STATION
Location
HWY K AND KR

INTERSECTION

AS IV Serial no: 120499
Version no: 532C

TEST RECORD 00010
Temp Date Time 210L
g/

VOID: RFI
12 01/11/24 13:16

Subject Name
ZACK SWINDLE
Subject I.D.
230181 8/17/25
Operator Name, I.D.
ARLES RANGER STATION
Location
HWY K AND KR

INTERSECTION



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 **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 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 FN11172002 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

2

PERMIT
TYPE II
ZACHARY SWINDLE

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 8/17/2023

NUMBER 230181

EXPIRES 8/17/2025

Mike Masema

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 SWINDLE, ZACHARY
Permit No 230181
Date Issued 8/17/2023 Date Expires 8/17/2025

