



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 030810	PRINTER SN 84.9324.143	DATE OF INSPECTION 01/08/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street		TIME OF INSPECTION 15:03 PM

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

RECEIVED

By Tracy Crews at 8:43 am, Jan 10, 2020

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth LOT # 18370 EXP. DATE 12/05/2020

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP2946 SIMULATOR EXP DATE 02/13/2020

☒ 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 • .101 TEST 3 • .100

☒ 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).

NA

INSPECTING OFFICER

SIGNATURE

TYPE II PERMIT NUMBER/EXPIRATION DATE

280254-08/24/2020

PRINT NAME

Jarrold Schiereck

TELEPHONE NUMBER

(417) 876-2313

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

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00240
s/
Temp Date Time 210L
Air Blank:
01/08/20 15:03 .000
Subject Test: Auto
21 01/08/20 15:03 .000

Subject Name
BLANK TEST
Subject I.D.

Operator Name, I.D. 109
Jarrod Schierack
Location
1207 South MAIN
EL DORADO SPRINGS

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00241
s/
Temp Date Time 210L
Air Blank:
01/08/20 15:09 .000
Calibration Check:
22 01/08/20 15:09 .098

Subject Name
TEST #1
Subject I.D.

Operator Name, I.D. 109
Jarrod Schierack
Location
1207 South MAIN
EL DORADO SPRINGS

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00242
s/
Temp Date Time 210L
Air Blank:
01/08/20 15:12 .000
Calibration Check:
22 01/08/20 15:12 .101

Subject Name
TEST #2
Subject I.D.

Operator Name, I.D. 109
Jarrod Schierack
Location
1207 South MAIN
EL DORADO SPRINGS

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00243
s/
Temp Date Time 210L
Air Blank:
01/08/20 15:14 .000
Calibration Check:
23 01/08/20 15:14 .100

Subject Name
TEST #3
Subject I.D.

Operator Name, I.D. 109
Jarrod Schierack
Location
1207 South MAIN
EL DORADO SPRINGS

AS IV Serial no: 030810
Version no: 532B

TEST RECORD 00244
s/
Temp Date Time 210L
VOID: RFI
12 01/08/20 15:16

Subject Name
R.F.I. TEST
Subject I.D.

Operator Name, I.D. 109
Jarrod Schierack
Location
1207 South MAIN
EL DORADO SPRINGS



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 18370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 6, 2018, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is December 5, 2020 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 FN04271602 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

JARROD SCHIERECK

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 8/24/2018

NUMBER 280254

EXPIRES 8/24/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

80-0771 (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 SCHIERECK, JARROD

Permit No 280254

Date Issued 8/24/2018 Date Expires 8/24/2020

