



**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 07/13/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street	TIME OF INSPECTION 15:48 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</u>	LOT # <u>19370</u> EXP. DATE <u>12/09/2021</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIMULATOR SN <u>MP2946</u> SIMULATOR EXP DATE <u>02/20/2021</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 = <u>098</u>	TEST 2 = <u>098</u>	TEST 3 = <u>100</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    0    (0-.04)    0    (.05-.09)    0    (.10-.14)    0    (.15-.19)    0    (OVER .19)    0

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).

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Jarrod Schiereck
TYPE II PERMIT NUMBER/EXPIRATION DATE 280254-08/24/2020	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 00283

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/13/20 15:48 .000  
Subject Test: Auto  
21 07/13/20 15:48 .000

Subject Name  
**BLANK TEST**  
Subject I.D.

Operator Name, I.D. 109  
**JARROD SCHIERECK**  
Location  
**1207 SOUTH MAIN**  
**EL DORADO SPRINGS**

AS IV Serial no: 030810  
Version no: 532B

TEST RECORD 00284

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/13/20 15:50 .000  
Calibration Check:  
21 07/13/20 15:50 .098

Subject Name  
**TEST #1**  
Subject I.D.

Operator Name, I.D. 109  
**JARROD SCHIERECK**  
Location  
**1207 SOUTH MAIN**  
**EL DORADO SPRINGS**

AS IV Serial no: 030810  
Version no: 532B

TEST RECORD 00285

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/13/20 15:52 .000  
Calibration Check:  
22 07/13/20 15:52 .098

Subject Name  
**TEST #2**  
Subject I.D.

Operator Name, I.D. 109  
**JARROD SCHIERECK**  
Location  
**1207 SOUTH MAIN**  
**EL DORADO SPRINGS**

AS IV Serial no: 030810  
Version no: 532B

TEST RECORD 00286

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
07/13/20 15:53 .000  
Calibration Check:  
22 07/13/20 15:53 .100

Subject Name  
**TEST #3**  
Subject I.D.

Operator Name, I.D. 109  
**JARROD SCHIERECK**  
Location  
**1207 SOUTH MAIN**  
**EL DORADO SPRINGS**

AS IV Serial no: 030810  
Version no: 532B

TEST RECORD 00287

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 07/13/20 15:55

Subject Name  
**TEST RFI**  
Subject I.D.

Operator Name, I.D. 109  
**JARROD SCHIERECK**  
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 **19370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1199%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 9, 2021** 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 **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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280254

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/24/2020

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

