



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 9:53 am, Aug 04, 2020

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<br>062093 | PRINTER SN<br>093.3563.014 | DATE OF INSPECTION<br>08/03/2020 |
|-----------------------------|----------------------------|----------------------------------|

|  |                            |
|--|----------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1001 Heroes Way, Sugar Creek, MO. (Sugar Creek PD) | TIME OF INSPECTION<br>2326 |
|--|----------------------------|

**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>19160</u> | EXP. DATE <u>07/09/2021</u> |
|--|--------------------|-----------------------------|

|  |                             |                                      |
|--|-----------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> | SIMULATOR SN <u>SD 3136</u> | SIMULATOR EXP DATE <u>07/23/2020</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  .101 | TEST 3  .102 |
|--------------|--------------|--------------|

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 | <u>1</u> | (0-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) | <u>1</u> |
|----------|----------|---------|-----------|-----------|-----------|------------|----------|

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<br> | PRINT NAME<br>Garrett Holman |
|---------------|------------------------------|

|  |                                    |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>200126 03/09/2022 | TELEPHONE NUMBER<br>(816) 252-5560 |
|--|------------------------------------|

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

# SUGAR CREEK MISSOURI POLICE DEPARTMENT

## ALCO-SENSOR IV WITH PRINTER TEST RESULTS

TEST # 1

ALCO IV Serial no: 062890  
Version no: 5328

TEST RECORD 01248

Temp Date Time 210L

Air Blank:  
08/03/20 23:26 .000  
Calibration Check:  
01 08/03/20 23:26 .100

Subject Name

Holman

Subject I.D.

Test #1

Operator Name, I.D.

Location

SCPD

TEST # 2

ALCO IV Serial no: 062890  
Version no: 5328

TEST RECORD 01249

Temp Date Time 210L

Air Blank:  
08/03/20 23:28 .000  
Calibration Check:  
22 08/03/20 23:28 .101

Subject Name

Holman

Subject I.D.

Test #2

Operator Name, I.D.

Location

SCPD

TEST # 3

ALCO IV Serial no: 062890  
Version no: 5328

TEST RECORD 01250

Temp Date Time 210L

Air Blank:  
08/03/20 23:00 .000  
Calibration Check:  
23 08/03/20 23:00 .100

Subject Name

Holman

Subject I.D.

Test #3

Operator Name, I.D.

Location

SCPD

RFI TEST

ALCO IV Serial no: 062890  
Version no: 5328

TEST RECORD 01251

Temp Date Time 210L

RFI:  
12 08/03/20 23:31

Subject Name

Holman

Subject I.D.

RFI Test

Operator Name, I.D.

Location

SCPD



**GUTH LABORATORIES, INC.**

580 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19160 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 10, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is July 9, 2021 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



**PERMIT  
TYPE II**

**GARRETT HOLMAN**

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 506.111 through 506.119 RSMo.

DATE 3/9/2020

NUMBER 200126

EXPIRES 3/9/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-590-0774 (8-10)

LABORATORY

**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: HOLMAN, GARRETT  
Permit No: 200126  
Date Issued 3/9/2020    Date Expires 3/9/2022