



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 097419	NAME OF AGENCY Palmyra Police Department	DATE OF INSPECTION 12/01/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Main St. Palmyra	TIME OF INSPECTION 5:04 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories LOT # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR5308 SIM. NIST EXP DATE 07/10/2021

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 .105

TEST 3 .104

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
200251-09/24/2022

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.



GUTH LABORATORIES, INC.

599 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°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.

AS IV Serial no: 897419
Version no: 532B

TEST RECORD 00637

Temp Date Time 210L
s/

VOID: RFI
12 12/01/20 17:04

Subject Name
RFI Test

Subject I.D.

Operator Name, I.D.
Michael L Baker

Location
200 N. Main St

Palmyra MO

AS IV Serial no: 897419
Version no: 532B

TEST RECORD 00638

Temp Date Time 210L
s/

Air Blank:
12/01/20 17:05 .000
Calibration Check:
22 12/01/20 17:05 .100

Subject Name
Calibration Check
Subject I.D.

Operator Name, I.D.
Michael L Baker

Location
200 N. Main

Palmyra MO

AS IV Serial no: 897419
Version no: 532B

TEST RECORD 00639

Temp Date Time 210L
s/

Air Blank:
12/01/20 17:07 .000
Calibration Check:
23 12/01/20 17:07 .105

Subject Name
Calibration Check
Subject I.D.

Operator Name, I.D.
Michael L Baker

Location
200 N. Main St

Palmyra MO

AS IV Serial no: 897419
Version no: 532B

TEST RECORD 00640

Temp Date Time 210L
s/

Air Blank:
12/01/20 17:09 .000
Calibration Check:
24 12/01/20 17:09 .104

Subject Name
Calibration Check
Subject I.D.

Operator Name, I.D.
Michael L Baker

Location
200 N. Main St

Palmyra MO

AS IV Serial no: 897419
Version no: 532B

TEST RECORD 00641

Temp Date Time 210L
s/

Air Blank:
12/01/20 17:11 .000
Subject Test: Auto
25 12/01/20 17:11 .000

Subject Name
Self Test
Subject I.D.

Operator Name, I.D.
Michael L Baker

Location
200 N. Main St

Palmyra MO



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**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 9/24/2020

NUMBER 200251

EXPIRES 9/24/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 BAKER, MICHAEL
Permit No 200251
Date Issued 9/24/2020 Date Expires 9/24/2022

