



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

RECEIVED  
 BY: Tracy Dwyer at 4:57pm, Apr 10, 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 097443	PRINTER SN 096.3580.953	DATE OF INSPECTION 04/09/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Stone County Jail Galena MO		TIME OF INSPECTION 1443

**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 LOT # 19160 EXP. DATE 07/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2282 SIMULATOR EXP DATE 11/20/2020

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  .095	TEST 2  .095	TEST 3  .095
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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
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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).  
 New BAC room  
 Monthly Maint.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Sgt. Mark Rinker
TYPE II PERMIT NUMBER/EXPIRATION DATE 280201/ 5/24/2020	TELEPHONE NUMBER (417) 357-2044

**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

SELF

TEST 1

TEST 2

A  
1

AS IV Serial no: 897443  
Version no: 532B

AS IV Serial no: 897443  
Version no: 532B

AS IV Serial no: 897443  
Version no: 532B

TEST RECORD 88981

TEST RECORD 88982

TEST RECORD 88983

Temp Date Time 210L

Temp Date Time 210L

Temp Date Time 210L

Air Blank:  
04/09/20 14:41 .000  
Calibration Check:  
19 04/09/20 14:41 .000

Air Blank:  
04/09/20 14:43 .000  
Calibration Check:  
19 04/09/20 14:43 .095

Air Blank:  
04/09/20 14:46 .000  
Calibration Check:  
20 04/09/20 14:46 .095

Subject Name

Subject Name

Subject Name

MONTHLY MAINT  
Subject I.D.

MONTHLY MAINT  
Subject I.D.

MONTHLY MAINT  
Subject I.D.

SELF TEST  
Operator Name, I.D.

TEST 1  
Operator Name, I.D.

TEST 2  
Operator Name, I.D.

MARK RIVLER 280201  
Location

MARK RIVLER 280201  
Location

MARK RIVLER 280201  
Location

STATE CO JAIL

STATE CO JAIL

STATE CO JAIL

TEST 3

RFE

AS IV Serial no: 897443  
Version no: 532B

AS IV Serial no: 897443  
Version no: 532B

TEST RECORD 88984

TEST RECORD 88985

Temp Date Time 210L

Temp Date Time 210L

Air Blank:  
04/09/20 14:48 .000  
Calibration Check:  
21 04/09/20 14:48 .095

VOID: RFI  
12 04/09/20 14:51

Subject Name

Subject Name

MONTHLY MAINT  
Subject I.D.

MONTHLY MAINT  
Subject I.D.

TEST 3  
Operator Name, I.D.

RFE  
Operator Name, I.D.

MARK RIVLER 280201  
Location

MARK RIVLER 280201  
Location

STATE CO JAIL

STATE CO JAIL

MONTHLY MAINT  
4/9/20  
STATE CO Sheriff's Office  
Sgt MARK RIVLER  
PERMIT # 280201  
EXP DATE 5/24/20



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 111779	PRINTER SN 09B.3589.547	DATE OF INSPECTION 04/09/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Stone County Jail Galena MO		TIME OF INSPECTION 1502

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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>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>SD2282</u> SIMULATOR EXP DATE <u>11/20/2020</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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .096	TEST 2  .096	TEST 3  .096
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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	1	(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).

New BAC room  
 Monthly Maint.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Sgt. Mark Rinker
TYPE II PERMIT NUMBER/EXPIRATION DATE 280201/ 5/24/2020	TELEPHONE NUMBER (417) 357-2044

**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



SELF TEST

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00290

Temp Date Time 210L

Air Blank:  
04/09/20 14:59 .000  
Calibration Check:  
19 04/09/20 14:59 .000

Subject Name

MONTHLY MAINT  
Subject I.D.

SELF TEST

Operator Name, I.D.

MARK RINKER 280201  
Location

STONE C JAIL

TEST 1

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00291

Temp Date Time 210L

Air Blank:  
04/09/20 15:02 .000  
Calibration Check:  
19 04/09/20 15:02 .006

Subject Name

MONTHLY MAINT  
Subject I.D.

TEST 1

Operator Name, I.D.

MARK RINKER 280201  
Location

STONE C JAIL

TEST 2

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00292

Temp Date Time 210L

Air Blank:  
04/09/20 15:05 .000  
Calibration Check:  
20 04/09/20 15:05 .006

Subject Name

MONTHLY MAINT  
Subject I.D.

TEST 2

Operator Name, I.D.

MARK RINKER 280201  
Location

STONE C JAIL

TEST 3

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00293

Temp Date Time 210L

Air Blank:  
04/09/20 15:08 .000  
Calibration Check:  
20 04/09/20 15:08 .006

Subject Name

MONTHLY MAINT  
Subject I.D.

TEST 3

Operator Name, I.D.

MARK RINKER 280201  
Location

STONE C JAIL

RPI

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00294

Temp Date Time 210L

VOID: RPI  
12 04/09/20 15:10

Subject Name

MONTHLY MAINT  
Subject I.D.

RPI

Operator Name, I.D.

MARK RINKER 280201  
Location

STONE C JAIL

MONTHLY MAINT  
4/9/20  
STONE C SHERIFF'S OFFICE  
SOT MARK RINKER  
PERMIT # 280201  
EXP DATE 5/24/20



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



**PERMIT**  
**TYPE II**

**MARK RINKER**

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 5/24/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280201

EXPIRES 5/24/2020

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

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 RINKER, MARK  
 Permit No 280201  
 Date Issued 5/24/2018 Date Expires 5/24/2020



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

## 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.*