



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Tracy Crowe at 7:54 am, 9/25/20

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 111647	NAME OF AGENCY NORMANDY PD	DATE OF INSPECTION 9/24/2020
LOCATION OF INSTRUMENT (STREET AND CITY) NORMANDY PD, 7700 NATURAL BRIDGE, NORMANDY, MO		TIME OF INSPECTION 11:51 AM

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>7/9/2021</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD1615</u> SIM. NIST EXP DATE <u>7/24/2021</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)

<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 <u>.100</u>	TEST 2 <u>.099</u>	TEST 3 <u>.099</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 <u>1</u>	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19) <u>1</u>
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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 BRANDON W. LANGE
TYPE II PERMIT NUMBER/EXPIRATION DATE 290166 08/01/2021	TELEPHONE NUMBER (314-) 385-3300

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00240

Temp Date Time ^{g/} 210L

Air Blank:
09/24/20 11:51 .000
Calibration Check:
19 09/24/20 11:51 .100

Subject Name

Mant 2

Subject I.D.

N/A

Operator Name, I.D.

Samy ZCS

Location

Normandy PD

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00241

Temp Date Time ^{g/} 210L

Air Blank:
09/24/20 11:53 .000
Calibration Check:
20 09/24/20 11:53 .099

Subject Name

Mant 2

Subject I.D.

N/A

Operator Name, I.D.

Samy ZCS

Location

Normandy PD

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00242

Temp Date Time ^{g/} 210L

Air Blank:
09/24/20 11:54 .000
Calibration Check:
20 09/24/20 11:54 .099

Subject Name

Mant 2

Subject I.D.

N/A

Operator Name, I.D.

Samy ZCS

Location

Normandy PD

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00243

Temp Date Time ^{g/} 210L

VOID: RFI
12 09/24/20 11:55

Subject Name

R.F.I

Subject I.D.

NA

Operator Name, I.D.

Samy ZCS

Location

Normandy PD

AS IV Serial no: 111647
Version no: 532B

TEST RECORD 00244

Temp Date Time ^{g/} 210L

Air Blank:
09/24/20 11:57 .000
Subject Test: Auto
21 09/24/20 11:57 .000

Subject Name

Samy

Subject I.D.

ZCS

Operator Name, I.D.

Samy ZCS

Location

Normandy PD



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

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.



PERMIT TYPE II

BRANDON W LANGE

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 206.111 through 206.119 RSMo.

DATE 8/1/2019

NUMBER 290166

EXPIRES 8/1/2021

MO 590-0271 (6-19)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (16-18)

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 from of expired air in Missouri.

Operator **LANGE, BRANDON**
Permit No **290166**
Date Issued **8/1/2019** Date Expires **8/1/2021**