



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 111660	NAME OF AGENCY	DATE OF INSPECTION 12/28/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St. - Fredericktown		TIME OF INSPECTION 9:17 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.

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 # \_\_\_\_\_ EXP. DATE 09/22/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2936 SIM. NIST EXP DATE 02/12/2021

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 <input checked="" type="checkbox"/> .099	TEST 2 <input checked="" type="checkbox"/> .098	TEST 3 <input checked="" type="checkbox"/> .098
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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).  
 Instrument is operating properly

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Sgt. Michael Sletten
TYPE II PERMIT NUMBER/EXPIRATION DATE 200271 - 10/19/2022	TELEPHONE NUMBER (573) 783-3660

**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: 111660  
Version no: 532B

TEST RECORD 00557

Temp	Date	Time	s/210L

Air Blank:  
12/28/20 09:17 .000  
Subject Test: Auto  
19 12/28/20 09:17 .000

Subject Name

BLANK TEST

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-200271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00558

Temp	Date	Time	s/210L

Air Blank:  
12/28/20 09:20 .000  
Calibration Check:  
20 12/28/20 09:20 .099

Subject Name

SAMPLE TEST #1

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-200271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00559

Temp	Date	Time	s/210L

Air Blank:  
12/28/20 09:21 .000  
Calibration Check:  
21 12/28/20 09:21 .098

Subject Name

SAMPLE TEST #2

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-200271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00560

Temp	Date	Time	s/210L

Air Blank:  
12/28/20 09:25 .000  
Calibration Check:  
22 12/28/20 09:25 .098

Subject Name

SAMPLE TEST #3

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-200271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00561

Temp	Date	Time	s/210L

VOID: RFI  
12 12/28/20 09:26

Subject Name

RFI TEST

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-200271

Location

FREDERICKTOWN PD

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AS IV Serial no: 111660  
Version no: 532B

Last Calibration:  
11/25/19 15:36 .100

Test Results:  
00557 Subject Test: Auto  
19 12/28/20 09:17 .000  
01.5 Lit. 03.5 Sec.  
00558 Calibration Check:  
20 12/28/20 09:20 .099  
00.0 Lit. 00.0 Sec.  
00559 Calibration Check:  
21 12/28/20 09:21 .098  
00.0 Lit. 00.0 Sec.  
00560 Calibration Check:  
22 12/28/20 09:25 .098  
00.0 Lit. 00.0 Sec.  
00561 VOID: RFI  
12 12/28/20 09:26  
00.0 Lit. 00.0 Sec.

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## 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 20420 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 2022** 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 FN03052002 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.*