



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

RECEIVED  
BY: Tracy Green at 7:46am, Nov 18, 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 <i>111752</i>	NAME OF AGENCY <i>STRAFFORD POLICE</i>	DATE OF INSPECTION <i>11-17-2020</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>125 S. JEFFERSON STRAFFORD, MO</i>		TIME OF INSPECTION <i>15:47</i>

**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 LABS* LOT # *20420* EXP. DATE *9-22-22*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34.0°* SIM. SN *D25377* SIM. NIST EXP DATE *5-27-21*

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 • <i>.095</i>	TEST 2 • <i>.096</i>	TEST 3 • <i>.097</i>
----------------------	----------------------	----------------------

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
----------	---------	-----------	-----------	-----------	------------

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).

*PRIOR TO MAINTENANCE (11-3-2020) TIME WAS CHANGED TO REFLECT DAYLIGHT SAVING'S TIME ENDING.*

*AT TIME OF MAINTENANCE, INSTRUMENT WAS OPERATING IN ACCORDANCE WITH DHSS STANDARDS.*

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i>	PRINT NAME <i>KRISTEN J. MALLORY</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>290135 EXP 6-21-21</i>	TELEPHONE NUMBER <i>(417) 736-4000</i>

**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: 111752  
Version no: 532B

TEST RECORD 00622

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/17/20 15:47 .000  
Calibration Check:  
21 11/17/20 15:47 .095

Subject Name

TEST # 1

Subject I.D.

KRISTEN MALLORY  
Operator Name, I.D.

290135 EXP 6-21-21  
Location

125 S. JEFFERSON

STAFFORD, MO

AS IV Serial no: 111752  
Version no: 532B

TEST RECORD 00623

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/17/20 15:48 .000  
Calibration Check:  
22 11/17/20 15:48 .096

Subject Name

TEST # 2

Subject I.D.

KRISTEN MALLORY  
Operator Name, I.D.

290135 EXP 6-21-21  
Location

125 S. JEFFERSON

STAFFORD, MO

AS IV Serial no: 111752  
Version no: 532B

TEST RECORD 00624

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/17/20 15:50 .000  
Calibration Check:  
23 11/17/20 15:50 .097

Subject Name

TEST # 3

Subject I.D.

KRISTEN MALLORY  
Operator Name, I.D.

290135 EXP 6-21-21  
Location

125 S. JEFFERSON

STAFFORD, MO

AS IV Serial no: 111752  
Version no: 532B

TEST RECORD 00625

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 11/17/20 15:51

Subject Name

RFI

Subject I.D.

KRISTEN MALLORY  
Operator Name, I.D.

290135 EXP 6-21-21  
Location

125 S. JEFFERSON

STAFFORD, MO



## 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°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 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.*



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

2

**PERMIT  
 TYPE II**

**KRISTEN J. MALLORY**

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 6/21/2019

NUMBER 290135

EXPIRES 6/21/2021

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 MALLORY, KRISTEN  
 Permit No 290135  
 Date Issued 6/21/2019 Date Expires 6/21/2021