



**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 111760	PRINTER SN 09B.3589.441	DATE OF INSPECTION 05/06/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 278 SW 871 Rd Centerview MO 64019 Johnson County Sheriff's Office	TIME OF INSPECTION 2:24 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 LOT # 18200 EXP. DATE 07/03/2020
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2264 SIMULATOR EXP DATE 01/22/2021

- 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 ➡ .099	TEST 2 ➡ .099	TEST 3 ➡ .099
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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).

This instrument is operating in accordance to MODHSS standards

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME Robert Watkins
TYPE II PERMIT NUMBER/EXPIRATION DATE 280186 5/14/2020	TELEPHONE NUMBER (660) 747-6469

**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

AS IU Serial no: 111760  
Version no: 532B

TEST RECORD 00407

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

Air Blank:  
05/06/20 14:24 .000  
Calibration Check:  
19 05/06/20 14:24 .099

Subject Name

MAINT. TEST #1  
Subject I.D.

WATKINS #280186  
Operator Name, I.D.

Location  
JCSO

AS IU Serial no: 111760  
Version no: 532B

TEST RECORD 00408

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

Air Blank:  
05/06/20 14:26 .000  
Calibration Check:  
20 05/06/20 14:26 .099

Subject Name

MAINT. TEST #2  
Subject I.D.

WATKINS #280186  
Operator Name, I.D.

Location  
JCSO

AS IU Serial no: 111760  
Version no: 532B

TEST RECORD 00409

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

Air Blank:  
05/06/20 14:27 .000  
Calibration Check:  
21 05/06/20 14:27 .099

Subject Name

MAINT. TEST #5  
Subject I.D.

WATKINS #280186  
Operator Name, I.D.

Location  
JCSO

AS IU Serial no: 111760  
Version no: 532B

TEST RECORD 00410

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

VOID: RFI  
12 05/06/20 14:28

Subject Name

RFI! TEST  
Subject I.D.

WATKINS #280186  
Operator Name, I.D.

Location  
JCSO



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



**PERMIT  
TYPE II**

**ROBERT G WATKINS**

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, INTOX DMT**

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 5/14/2018

NUMBER 280186

EXPIRES 5/14/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (3-10)

LAB-4 (06-10)

**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 **WATKINS, ROBERT**  
Permit No **280186**  
Date Issued **5/14/2018**    Date Expires **5/14/2020**



## GUTH LABORATORIES, INC.

880 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-584-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **18200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 6, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 3, 2020** 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 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.*