



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 111761	NAME OF AGENCY Louisiana P.D.	DATE OF INSPECTION 09/07/20
LOCATION OF INSTRUMENT (STREET AND CITY) 202 S. 3rd Street Louisiana, Missouri		TIME OF INSPECTION 08:36

**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 # 18370      EXP. DATE 12/05/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34      SIM. SN MP 3577      SIM. NIST EXP DATE 03/09/21

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 → <u>.099</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>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</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).

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<b>INSPECTING OFFICER</b>	
SIGNATURE <u>M. McCollister</u>	PRINT NAME <u>M. McCollister, DSN: 3</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>200142/03/17/2022</u>	TELEPHONE NUMBER <u>673-754-4021</u>

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

# Gen Info

AS IV Serial no: 111761  
Version no: 532B

## TEST RECORD 00570

Temp	Date	Time	210L
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Air Blank:  
09/07/20 08:36 .000  
Subject Test: Auto  
26 09/07/20 08:36 .000

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

M. McCollister, 311

Location

202 S. 3rd St.

Louisiana, MO

# Test 1

AS IV Serial no: 111761  
Version no: 532B

## TEST RECORD 00572

Temp	Date	Time	210L
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Air Blank:  
09/07/20 08:39 .000  
Calibration Check:  
26 09/07/20 08:39 .099

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

M. McCollister, 311

Location

202 S. 3rd St.

Louisiana, MO

# Test 2

AS IV Serial no: 111761  
Version no: 532B

## TEST RECORD 00573

Temp	Date	Time	210L
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Air Blank:  
09/07/20 08:42 .000  
Calibration Check:  
27 09/07/20 08:42 .099

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

M. McCollister, 311

Location

202 S. 3rd St.

Louisiana, MO

# Test 3

AS IV Serial no: 111761  
Version no: 532B

## TEST RECORD 00574

Temp	Date	Time	210L
------	------	------	------

Air Blank:  
09/07/20 08:45 .000  
Calibration Check:  
27 09/07/20 08:45 .099

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

M. McCollister, 311

Location

202 S. 3rd St.

Louisiana, MO

# RFL Test

AS IV Serial no: 111761  
Version no: 532B

## TEST RECORD 00575

Temp	Date	Time	210L
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VOID: 201  
12 09/07/20 08:47

Subject Name

Doe, John

Subject I.D.

0000069

Operator Name, I.D.

M. McCollister, 311

Location

202 S. 3rd St.

Louisiana, 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 **18370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 6, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 5, 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.*



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

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**PERMIT**  
**TYPE II**  
**MARC A MCCOLLISTER**

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 3/17/2020

NUMBER 200142

EXPIRES 3/17/2022

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 MCCOLLISTER, MARC  
Permit No 200142  
Date Issued 3/17/2020 Date Expires 3/17/2022

