



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

RECEIVED  
 07:10:00 PM on 05/17/2020

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 111779	PRINTER SN 09B.3589.547	DATE OF INSPECTION 05/17/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Stone County Jail Galena MO		TIME OF INSPECTION 4:27

**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 # 18070 EXP. DATE 02/26/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2282 SIMULATOR EXP DATE 11/08/2019

- 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 .097      TEST 2 .097      TEST 3 .096

- 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

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).  
 Monthly Maint. Changed time.

**INSPECTING OFFICER**

SIGNATURE      PRINT NAME  
 Dep. Kyle Stults

TYPE II PERMIT NUMBER/EXPIRATION DATE      TELEPHONE NUMBER  
 290292 12/16/2020      (417) 368-4888

**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 IV Serial no: 111779  
Version no: 532B

TEST RECORD 00296

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

Air Blank:  
05/17/20 16:27 .000  
Calibration Check:  
25 05/17/20 16:27 .000

Subject Name

Monthly Maint

Subject I.D.

Self test

Operator Name, I.D.

Kyle Stults

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00297

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

Air Blank:  
05/17/20 16:30 .000  
Calibration Check:  
25 05/17/20 16:30 .097

Subject Name

Monthly Maint

Subject I.D.

Test 1

Operator Name, I.D.

Kyle Stults

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00298

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

Air Blank:  
05/17/20 16:33 .000  
Calibration Check:  
26 05/17/20 16:33 .097

Subject Name

Monthly Maint

Subject I.D.

Test 2

Operator Name, I.D.

Kyle Stults

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00299

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

Air Blank:  
05/17/20 16:35 .000  
Calibration Check:  
26 05/17/20 16:35 .096

Subject Name

Monthly Maint

Subject I.D.

Test 3

Operator Name, I.D.

Kyle Stults

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00300

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

VOID: RFI  
12 05/17/20 16:37

Subject Name

Monthly Maint

Subject I.D.

RFI

Operator Name, I.D.

Kyle Stults

Location

Stone Co Jail

Monthly Maint

05/17/2020

Stone Co Sheriffs Office

Dep Kyle Stults

Permit # 290292

Exp Date: 12/16/2021



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

## 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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



**PERMIT  
 TYPE II**

**KYLE G STULTS**

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 12/16/2019

NUMBER 290292

EXPIRES 12/16/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (G-10)

LAB-4 (RG-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 **STULTS, KYLE**  
 Permit No **290292**  
 Date Issued **12/16/2019** Date Expires **12/16/2021**

