



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

RECEIVED
 10/17/2022 10:15 AM

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 10/17/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Stone County Jail Galena MO		TIME OF INSPECTION 1709

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 # 20190 EXP. DATE 04/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2282 SIMULATOR EXP DATE 11/20/2020

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 .096 TEST 2 .097 TEST 3 .097

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) 0	(.05-.09) 1	(.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).
 New BAC room
 Monthly Maint.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Sgt. Mark Rinker
TYPE II PERMIT NUMBER/EXPIRATION DATE 200156704/10/2022	TELEPHONE NUMBER (417) 357-2044

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

SELF

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 88330

Temp Date Time ^{g/} 216L

Air Blank:
18/17/20 17:05 .000
Calibration Check:
19 18/17/20 17:09 .000

Subject Name

SELF TEST

Subject I.D.

MONTHLY MAINT

Operator Name: I.D.

MARK RINKER 200156
Location

STONE CO JAIL

TEST 1

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 88331

Temp Date Time ^{g/} 216L

Air Blank:
18/17/20 17:09 .000
Calibration Check:
20 18/17/20 17:09 .000

Subject Name

TEST 1

Subject I.D.

MONTHLY MAINT

Operator Name: I.D.

MARK RINKER 200156
Location

STONE CO JAIL

TEST 2

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 88332

Temp Date Time ^{g/} 216L

Air Blank:
18/17/20 17:11 .000
Calibration Check:
23 18/17/20 17:11 .000

Subject Name

TEST 2

Subject I.D.

MONTHLY MAINT

Operator Name: I.D.

MARK RINKER 200156
Location

STONE CO JAIL

TEST 3

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 88333

Temp Date Time ^{g/} 216L

Air Blank:
18/17/20 17:13 .000
Calibration Check:
14 18/17/20 17:13 .000

Subject Name

TEST 3

Subject I.D.

MONTHLY MAINT

Operator Name: I.D.

MARK RINKER 200156
Location

STONE CO JAIL

RFI

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 88334

Temp Date Time ^{g/} 216L

Air Blank:
18/17/20 17:16 .000
Calibration Check:
18 18/17/20 17:16 .000

Subject Name

RFI TEST

Subject I.D.

MONTHLY MAINT

Operator Name: I.D.

MARK RINKER 200156
Location

STONE CO JAIL

10/17/20

MONTHLY MAINT

STONE CO SHERIFFS OFFICE

DET. MARK RINKER

Permit # 200156

Exp. DATE 4/10/22



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 **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 2022** at 11:59 PM.

When used in a calibrated Simulator, operating at



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

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PERMIT
TYPE II
MARK RINKER

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 4/10/2020

NUMBER 200156

EXPIRES 4/10/2022

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 RINKER, MARK
 Permit No 200156
 Date Issued 4/10/2020 Date Expires 4/10/2022