



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 087978	NAME OF AGENCY Owensville PD	DATE OF INSPECTION 01/08/2021
-----------------------------	---------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 109 North Second Street Owensville	TIME OF INSPECTION 7:53 pm
--	-------------------------------

**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 # 20190 EXP. DATE 04/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2300 SIM. NIST EXP DATE 01/23/2021

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 ← .101

TEST 2 ← .101

TEST 3 ← .101

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)	1	(.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).

Instrument operating satisfactorily and within established limits.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
 Jonathan Scott Griffith

TYPE II PERMIT NUMBER/EXPIRATION DATE  
 290108/05-21-2021

TELEPHONE NUMBER  
 (573) 437-2195

**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: 087978  
Version no: 532B

TEST RECORD 00521

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

Air Blank:  
01/08/21 19:53 .000  
Subject Test: Auto  
23 01/08/21 19:53 .000

Subject Name

Subject I.D.

Blank Test

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978  
Version no: 532B

TEST RECORD 00522

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

Air Blank:  
01/08/21 19:56 .000  
Calibration Check:  
23 01/08/21 19:56 .101

Subject Name

Subject I.D.

Check 1

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978  
Version no: 532B

TEST RECORD 00523

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

Air Blank:  
01/08/21 19:58 .000  
Calibration Check:  
24 01/08/21 19:58 .101

Subject Name

Subject I.D.

Check 2

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978  
Version no: 532B

TEST RECORD 00524

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

Air Blank:  
01/08/21 20:02 .000  
Calibration Check:  
24 01/08/21 20:02 .101

Subject Name

Subject I.D.

Check 3

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD

AS IV Serial no: 087978  
Version no: 532B

TEST RECORD 00525

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

VOID: RFI  
12 01/08/21 20:04

Subject Name

Subject I.D.

Check-RFI

Operator Name, I.D.

GRIFFITH 104

Location

Owensville PD



## 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 FN02271802 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**

**JONATHAN S GRIFFITH**

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 5/21/2019

NUMBER 290108

EXPIRES 5/21/2021

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)