



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

RECEIVED
 By Tracy Crews at 8:14 am, Nov 22, 2021

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 097421	NAME OF AGENCY Branson West Police Department	DATE OF INSPECTION 11/19/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 110 Silver Lady Ln, Branson West Mo 65737		TIME OF INSPECTION 3:20 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 LOT # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.04 SIM. SN MP5544 SIM. NIST EXP DATE 06/29/2022

- 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 .103	TEST 2 .104	TEST 3 .103
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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).
 Submitting instrument back into operation after not having a Type II for some time.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Sgt Aaron P Hoelt
TYPE II PERMIT NUMBER/EXPIRATION DATE 210259 11-18-2023	TELEPHONE NUMBER (417) 272-3400

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: 097421
Version no: 532B

TEST RECORD 00762

Temp Date Time ^{g/} 210L

Air Blanks
11/19/21 15:20 .000
Calibration Check:
21 11/19/21 15:20 .103

Subject Name

Test

Subject I.D.

Test 1

Operator Name, I.D.

210259 11/18/23 Hoelt
Location

110 Silver Lady Ln

Branson West

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00763

Temp Date Time ^{g/} 210L

Air Blanks
11/19/21 15:21 .000
Calibration Check:
22 11/19/21 15:21 .104

Subject Name

Test

Subject I.D.

Test 2

Operator Name, I.D.

210259 11/18/23 Hoelt
Location

110 Silver Lady Ln

Branson West

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00764

Temp Date Time ^{g/} 210L

Air Blanks
11/19/21 15:23 .000
Calibration Check:
23 11/19/21 15:23 .103

Subject Name

Test

Subject I.D.

Test 3

Operator Name, I.D.

210259 11/18/23 Hoelt
Location

110 Silver Lady Ln

Branson West

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00765

Temp Date Time ^{g/} 210L

VOCs: RT
12 11/19/21 15:26

Subject Name

Test

Subject I.D.

Test RFI

Operator Name, I.D.

210259 11/18/23 Hoelt
Location

110 Silver Lady Ln

Branson West

CERTIFIED ALCOHOL REFERENCE SOLUTION FOR SIMULATOR

19370	12/9/19	12/9/21
LOT NO.	MFG. DATE	EXP. DATE
275 Gal.	500 ML	
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.
590 North 67th Street, Harrisburg, PA 17111
Toll Free 800-233-2338
Rev. 4/02





GUTH LABORATORIES, INC.

690 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 **19370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1199%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 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
AARON HOEFT

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 11/18/2021

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210259

Donald S. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 11/18/2023

MO 680-0771 (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 HOEFT, AARON
Permit No 210259
Date Issued 11/18/2021 Date Expires 11/18/2023

