



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 097422	NAME OF AGENCY Newton County Sheriff's Office	DATE OF INSPECTION 10/04/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 208 W. Coler Street Neosho, MO 64850		TIME OF INSPECTION 8:54 am

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u>	LOT # <u>20420</u> EXP. DATE <u>09/22/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>DR6930</u> SIM. NIST EXP DATE <u>11/02/2021</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1  .100	TEST 2  .099	TEST 3  .099
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).  
Replaced printer ribbon.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Joshua Fort
TYPE II PERMIT NUMBER/EXPIRATION DATE 200125 03/09/2022	TELEPHONE NUMBER (417) 451-8300

**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: 097422  
Version no: 532B

TEST RECORD 00470  
Temp Date Time <sup>s/</sup> 210L  
Air Blank:  
10/04/21 08:50 .000  
Calibration Check:  
20 10/04/21 08:50 .100

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/9/22

208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00471  
Temp Date Time <sup>s/</sup> 210L  
Air Blank:  
10/04/21 08:52 .000  
Calibration Check:  
21 10/04/21 08:52 .099

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/9/22

208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00472  
Temp Date Time <sup>s/</sup> 210L  
Air Blank:  
10/04/21 08:54 .000  
Calibration Check:  
21 10/04/21 08:54 .099

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/9/22

208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00473  
Temp Date Time <sup>s/</sup> 210L  
VOID: RTI  
12 10/04/21 08:56

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/9/22

208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00474  
Temp Date Time <sup>s/</sup> 210L  
Air Blank:  
10/04/21 08:58 .000  
Subject Test: Auto  
22 10/04/21 08:58 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/9/22

208 W. Coler St

Neosho, Mo 64850



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 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%**.

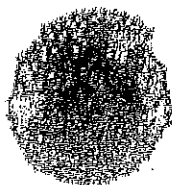
The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN03052002 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

JOSHUA FORT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer:

**ALCO-SENSOR IV WITH PRINTER**

for the determination of the alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 557.020 through 557.041, RSMo and 553.111 through 553.119 RSMo.

DATE 8/19/2020

NUMBER 200125

EXPIRES 8/19/2022

MISSOURI DPT OF HEALTH

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LSH-4-910-001

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

**INSTRUMENT OPERATOR CARD**

The instrument operator is authorized to operate as a permit holder subject to the provisions of the Missouri Revised Statutes of Health Code of expired air in Missouri.

Operator: **FORT, JOSHUA**  
 Permit No: **200125**  
 Date Issued: **8/19/2020**      Date Expires: **8/19/2022**