



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

**RECEIVED**  
 By Tracy Crews at 7:30 am, Dec 09, 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 097422	NAME OF AGENCY Newton County Sheriff's Office	DATE OF INSPECTION 12/09/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 208 W. Coler Street Neosho, MO 64850	TIME OF INSPECTION 4:52 am
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**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 # 20420 EXP. DATE 09/22/2022
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR 6930 SIM. NIST EXP DATE 10/07/2022

- 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  .102	TEST 2  .102	TEST 3  .101
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Joshua Fort
TYPE II PERMIT NUMBER/EXPIRATION DATE 200125 03/09/2022	TELEPHONE NUMBER (471) 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 00481

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

Air Blank:  
12/09/21 04:52 .000  
Calibration Check:  
20 12/09/21 04:52 .102

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/19/22

208 W. Coler St

Neosho, MO 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00482

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

Air Blank:  
12/09/21 04:54 .000  
Calibration Check:  
20 12/09/21 04:54 .102

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/19/22

208 W. Coler St.

Neosho, MO 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00483

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

Air Blank:  
12/09/21 04:56 .000  
Calibration Check:  
21 12/09/21 04:56 .101

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/19/22

208 W. Coler St

Neosho, MO 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00485

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

Air Blank:  
12/09/21 04:59 .000  
Subject Test: Auto  
22 12/09/21 04:59 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/19/22

208 W. Coler St

Neosho, MO 64850

AS IV Serial no: 097422  
Version no: 532B

TEST RECORD 00484

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

VOID: RFI  
12 12/09/21 04:58

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Joshua Fort 200125

Location Exp. 3/19/22

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°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

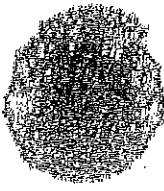
The alcohol and water used in this solution were free of test interfering substances.

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

JOSEPH FORT

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 572.020 through 572.040, 572.045, 572.050 and 572.055 through 572.110 RSMo.

DATE 3/9/2021

*[Signature]*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200125

*[Signature]*  
 COMMISSIONER OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/31/2022

MSH23-0771 (8-10)

L454-070-02

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

**INSTRUMENT OPERATOR CARD**

This permit authorizes the holder to operate the following instrument(s) for the determination of the alcoholic content of blood from a sample of expired air.

Instrument: **ALCO-SENSOR IV WITH PRINTER**  
 Permit No: **200125**  
 Date Issued: **3/9/2021** Date Expires: **3/31/2022**

*[Blacked out area]*