



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 099361	NAME OF AGENCY Carroll County Sheriff's Office	DATE OF INSPECTION 09/04/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 106 S. Folger St, Carrollton		TIME OF INSPECTION 6:21 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.

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 Labs LOT # 21080 EXP. DATE 03/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP3879 SIM. NIST EXP DATE 06/28/2022

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 <input checked="" type="checkbox"/> .103	TEST 2 <input checked="" type="checkbox"/> .103	TEST 3 <input checked="" type="checkbox"/> .102
---	---	---

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Replace 9v battery in ASIV

**INSPECTING OFFICER**

SIGNATURE <i>Brian C. Woods</i>	PRINT NAME Brian C. Woods
TYPE II PERMIT NUMBER/EXPIRATION DATE 200226 08/13/2022	TELEPHONE NUMBER (660) 542-2200

**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: 099361  
Version no: 532B

TEST RECORD 00001

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
09/04/21 06:21 .000  
Calibration Check:  
21 09/04/21 06:21 .103

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

B.C. Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD 00002

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
09/04/21 06:22 .000  
Calibration Check:  
22 09/04/21 06:22 .103

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

B.C. Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD 00003

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
09/04/21 06:25 .000  
Calibration Check:  
23 09/04/21 06:25 .102

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

B.C. Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00004

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI  
12 09/04/21 06:32

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

B.C. Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD 00005

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:  
09/04/21 06:35 .000  
Subject Test: Auto  
25 09/04/21 06:35 .000

Subject Name

Blank Test

Subject I.D.

Operator Name, I.D.

B.C. Woods, 782

Location



## 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 **21080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 10, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 8, 2023** 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 Certified Reference Standards lot number F1005052002 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.*

