



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 11/03/2021
-----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 106 S. Folger St, Carrollton	TIME OF INSPECTION 3:37 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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>21080</u> EXP. DATE <u>03/08/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.01</u>	SIM. SN <u>MP3879</u> SIM. NIST EXP DATE <u>06/28/2022</u>

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 ➔ .100	TEST 3 ➔ .100
---------------	---------------	---------------

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).

**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 00818

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

Air Blank:  
11/03/21 03:37 .000  
Calibration Check:  
24 11/03/21 03:37 .101

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

BC Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD 00819

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

Air Blank:  
11/03/21 03:39 .000  
Calibration Check:  
25 11/03/21 03:39 .100

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

BC Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD 00820

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

Air Blank:  
11/03/21 03:41 .000  
Calibration Check:  
25 11/03/21 03:41 .100

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

BC Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD 00821

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

VOID: RFI  
12 11/03/21 03:43

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

BC Woods, 782

Location

AS IV Serial no: 099361  
Version no: 532B

TEST RECORD 00822

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

Air Blank:  
11/03/21 03:44 .000  
Subject Test: auto  
26 11/03/21 03:44 .000

Subject Name

Blank Test

Subject I.D.

Operator Name, I.D.

BC 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 **FN05052002** 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**  
**BRIAN C. WOODS**

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 8/13/2020

NUMBER 200226

EXPIRES 8/13/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

**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** WOODS, BRIAN  
**Permit No** 200226  
**Date issued** 8/13/2020 **Date Expires** 8/13/2022

MO 580-0771 (6-10)