



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, May 25, 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<br>102469 | PRINTER SN<br>095.353.193 | DATE OF INSPECTION<br>05/15/2021 |
|-----------------------------|---------------------------|----------------------------------|

|   |                               |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Lafayette County Sheriff 107 S. 11th Lexington, Mo. 64067 | TIME OF INSPECTION<br>2:06 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 Labs LOT # 20190 EXP. DATE 05/15/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2275 SIMULATOR EXP DATE 04/06/2022

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  .100 | TEST 2  .099 | 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).

Meets DOH Standards

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br>  | PRINT NAME<br>Dale L. Cox          |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>200261 10/02/2022 | TELEPHONE NUMBER<br>(660) 259-3622 |

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Boulevard  
 Poplar Bluff, MO 63901



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

2

**PERMIT**  
**TYPE II**  
**DALE L COX**

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 10/2/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200261

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/2/2022

LAB-4 (R6-10)

MO 689-0771 (6-10)

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 COX, DALE  
Permit No 200261  
Date Issued 10/2/2020 Date Expires 10/2/2022



**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 **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 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 FN02271802 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.*

AS IV Serial no: 102469  
Version no: 502B

TEST RECORD 00701 s/  
Temp Date Time 210L

Air Blank: 05/15/21 14:06 .000  
Calibration Check: 22 05/15/21 14:06 .100

Subject Name  
*Cal-Check*  
Subject I.D.

Operator Name, I.D.  
*Cox J00261*  
Location  
*LC50*

AS IV Serial no: 102469  
Version no: 502B

TEST RECORD 00702 s/  
Temp Date Time 210L

Air Blank: 05/15/21 14:08 .000  
Calibration Check: 23 05/15/21 14:08 .099

Subject Name  
*Cal-Check*  
Subject I.D.

Operator Name, I.D.  
*Cox J00261*  
Location  
*LC50*

AS IV Serial no: 102469  
Version no: 502B

TEST RECORD 00703 s/  
Temp Date Time 210L

Air Blank: 05/15/21 14:11 .000  
Calibration Check: 24 05/15/21 14:11 .100

Subject Name  
*Cal-Check*  
Subject I.D.

Operator Name, I.D.  
*Cox J00261*  
Location  
*LC50*

AS IV Serial no: 102469  
Version no: 502B

TEST RECORD 00704 s/  
Temp Date Time 210L

VOID: RFI  
12 05/15/21 14:12

Subject Name  
*Cal-Check*  
Subject I.D.

Operator Name, I.D.  
*Cox J00261*  
Location  
*LC50*