



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 105448 / Printer 09B.3591.016	NAME OF AGENCY Clinton P.D.	DATE OF INSPECTION 08/03/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 101 East Ohio Street, Clinton, MO 64735		TIME OF INSPECTION 2:22 p.m.

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, Inc.</u> LOT # <u>20190</u> EXP. DATE <u>4/6/2022</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIM. SN <u>SD3509</u> SIM. NIST EXP DATE <u>08/06/2021</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)

<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 ← .096	TEST 2 ← .096	TEST 3 ← .095
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

-NA

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Michael Nelson
TYPE II PERMIT NUMBER/EXPIRATION DATE 200210 / 07-17-2022	TELEPHONE NUMBER (660) 885-2679

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: 105448
Version no: 532B

TEST RECORD 01484

Temp	Date	Time	g/ 210L
Air Blank:			
	08/03/21	14:22	.000
Calibration Check:			
	23 08/03/21	14:22	.096

Subject Name

Test #1

Subject I.D.

N/A

Operator Name, I.D.

M. Nelson #200210

Location

Clinton P.D.
101 E. Ohio
Clinton, Mo 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01485

Temp	Date	Time	g/ 210L
Air Blank:			
	08/03/21	14:24	.000
Calibration Check:			
	24 08/03/21	14:24	.096

Subject Name

Test #2

Subject I.D.

N/A

Operator Name, I.D.

M. Nelson #200210

Location

Clinton P.D.
101 E. Ohio
Clinton, Mo 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01486

Temp	Date	Time	g/ 210L
Air Blank:			
	08/03/21	14:26	.000
Calibration Check:			
	25 08/03/21	14:26	.095

Subject Name

Test #3

Subject I.D.

N/A

Operator Name, I.D.

M. Nelson #200210

Location

Clinton P.D.
101 E. Ohio
Clinton, Mo 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01487

Temp	Date	Time	g/ 210L
VOID: RFI			
	12 08/03/21	14:28	

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

M. Nelson #200210

Location

Clinton P.D.
101 E. Ohio
Clinton, Mo 64735

AS IV Serial no: 105448
Version no: 532B

TEST RECORD 01488

Temp	Date	Time	g/ 210L
Air Blank:			
	08/03/21	14:30	.000
Subject Test: Auto			
	26 08/03/21	14:30	.000

Subject Name

SELF TEST

Subject I.D.

N/A

Operator Name, I.D.

M. Nelson #200210

Location

Clinton P.D.
101 E. Ohio
Clinton, Mo 64735



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 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°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 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.



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

2

PERMIT
TYPE II

MICHAEL S NELSON

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 7/17/2020

NUMBER 200210

EXPIRES 7/17/2022

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 NELSON, MICHAEL
 Permit No 200210
 Date Issued 7/17/2020 Date Expires 7/17/2022