



**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 <b>105452</b>	PRINTER SN <b>097.3584.331</b>	DATE OF INSPECTION <b>01-30-2021</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>1200 main st, Grandview</b>	TIME OF INSPECTION <b>1255</b>
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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** LOT # **20190** EXP. DATE **04-06-2022**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34°** SIMULATOR SN **DR5385** SIMULATOR EXP DATE **01-20-2022**

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 • **0.100**

TEST 2 • **0.097**

TEST 3 • **0.098**

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).

**Time was changed from 1400 to 1300 on the AS4**

**INSPECTING OFFICER**

SIGNATURE **Justin Wood**

TYPE II PERMIT NUMBER EXPIRATION DATE **290180 08-13-2021** TELEPHONE NUMBER **816-316-4947**

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

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00431  
Temp Date Time 210L  
s/

Air Blank:  
01/30/21 13:20 .000  
Subject Test: Man  
21 01/30/21 13:20 .100

Subject Name  
TEST 1  
Subject I.D.

Operator Name, I.D.  
J. Wood 290180  
Location  
2200 Main

Grandview

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00432  
Temp Date Time 210L  
s/

Air Blank:  
01/30/21 13:22 .000  
Subject Test: Man  
22 01/30/21 13:22 .097

Subject Name  
TEST 2  
Subject I.D.

Operator Name, I.D.  
J. Wood 290180  
Location  
2200 Main

Grandview

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00433  
Temp Date Time 210L  
s/

Air Blank:  
01/30/21 13:23 .000  
Subject Test: Man  
23 01/30/21 13:23 .098

Subject Name  
TEST 3  
Subject I.D.

Operator Name, I.D.  
J. Wood 290180  
Location  
2200 Main

Grandview

AS IV Serial no: 105452  
Version no: 532B

TEST RECORD 00434  
Temp Date Time 210L  
s/

VOID: RFI  
12 01/30/21 13:25

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
J. Wood 290180  
Location

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <b>TEST 1</b>	DATE OF TEST <b>1-30-2021</b>
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**OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER**

ALCO-SENSOR SERIAL NO. <b>105452</b>	PRINTER SERIAL NO. <b>097.3584.331</b>	LOCATION OF INSTRUMENT <b>1200 Main, Grandue</b>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by **J. WOOD/0243**. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

<b>CERTIFICATION BY OPERATOR</b>	BAC <b>0.100</b>
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <b>J. WOOD/0243</b>	PERMIT NO. <b>290180</b>	EXPIRATION DATE <b>08-13-2021</b>
WITNESS (IF ANY) <b>N/A</b>	DATE <b>1-30-21</b>	

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <b>TEST 2</b>		DATE OF TEST <b>1-30-2021</b>
<b>OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER</b>		
ALCO-SENSOR SERIAL NO. <b>105452</b>	PRINTER SERIAL NO. <b>097.3584.331</b>	LOCATION OF INSTRUMENT <b>1200 Main, Grandue. ✓</b>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by <u><b>J. WOOD/10243</b></u> . No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
<b>CERTIFICATION BY OPERATOR</b>		BAC <b>0.097</b>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument. <input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <b>J. WOOD/10243</b>	PERMIT NO. <b>290180</b>	EXPIRATION DATE <b>08-13-2021</b>
WITNESS (IF ANY) <b>N/A</b>		DATE <b>1-30-21</b>

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <b>TEST 3</b>	DATE OF TEST <b>1-30-2021</b>
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**OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER**

ALCO-SENSOR SERIAL NO. <b>105452</b>	PRINTER SERIAL NO. <b>097.3584.331</b>	LOCATION OF INSTRUMENT <b>1200 Main, Granduc</b>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by J. WOOD/0243. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

**CERTIFICATION BY OPERATOR**

BAC

**0.098**

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <b>J. WOOD/0243</b>	PERMIT NO. <b>290180</b>	EXPIRATION DATE <b>08-13-2021</b>
WITNESS (IF ANY) <b>N/A</b>	DATE <b>1-30-21</b>	

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV  
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <b>RFI TEST</b>	DATE OF TEST <b>1-30-2021</b>
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**OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER**

ALCO-SENSOR SERIAL NO. <b>105452</b>	PRINTER SERIAL NO. <b>097.3584.331</b>	LOCATION OF INSTRUMENT <b>1200 Main, Granduc ✓</b>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by **J. WOOD/0243**. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

<b>CERTIFICATION BY OPERATOR</b>	BAC <b>RFI</b>
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <b>J. WOOD/0243</b>	PERMIT NO. <b>290180</b>	EXPIRATION DATE <b>08-13-2021</b>
WITNESS (IF ANY) <b>N/A</b>	DATE <b>1-30-21</b>	



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*