



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 11:57 am, Jul 02, 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 097 105452	PRINTER SN 097-3584-331	DATE OF INSPECTION 7-2-21
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LOCATION OF INSTRUMENT (STREET AND CITY) 1200 MAIN ST, GRANDEVILLE	TIME OF INSPECTION 1035
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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 **4-6-22**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34** SIMULATOR SN **MP6023** SIMULATOR EXP DATE **6-29-22**

- 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 • 0.098	TEST 2 • 0.100	TEST 3 • 0.099
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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-.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).

INSPECTING OFFICER

SIGNATURE J. W. Wood	PRINT NAME J. W. Wood
TYPE II PERMIT NUMBER/EXPIRATION DATE 290180 8-13-21	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

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

FORM #8

SUBJECT'S NAME <i>Test 1</i>		DATE OF TEST <i>7-2-21</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>105452</i>	PRINTER SERIAL NO. <i>097.3584.331</i>	LOCATION OF INSTRUMENT <i>1200 Main, Grandview</i>
<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><i>J. Wood</i></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 type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.098</i>
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 <i>J. Wood / 1048</i>	PERMIT NO. <i>290180</i>	EXPIRATION DATE <i>8-13-21</i>
WITNESS (IF ANY)		DATE <i>7-2-21</i>

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

FORM #8

SUBJECT'S NAME <i>Test 2</i>		DATE OF TEST <i>7-2-21</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>105452</i>	PRINTER SERIAL NO. <i>097.3584.331</i>	LOCATION OF INSTRUMENT <i>1200 Main, Grandview</i>
<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><i>J. Wood</i></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 type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.100</i>
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 <i>J. Wood / 248</i>	PERMIT NO. <i>290100</i>	EXPIRATION DATE <i>8-13-21</i>
WITNESS (IF ANY)		DATE <i>7-2-21</i>

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

FORM #8

SUBJECT'S NAME <i>Test 3</i>		DATE OF TEST <i>7-2-21</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>105452</i>	PRINTER SERIAL NO. <i>097.3584.331</i>	LOCATION OF INSTRUMENT <i>1200 MAN, Grandview</i>
<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><i>J. Wood</i></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 type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.095</i>
<p>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:</p> <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 <i>J. Wood / 1243</i>	PERMIT NO. <i>290180</i>	EXPIRATION DATE <i>8-13-21</i>
WITNESS (IF ANY)	DATE <i>7-2-21</i>	

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

FORM #8

SUBJECT'S NAME RA Test		DATE OF TEST 7-2-21
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. 105452	PRINTER SERIAL NO. 097.3584.331	LOCATION OF INSTRUMENT 1200 Main, Grandview
<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>J. Wood</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 type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC RA
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 J. Wood / 1048	PERMIT NO. 290180	EXPIRATION DATE 8-13-21
WITNESS (IF ANY)		DATE 7-2-21

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00439 s/
Temp Date Time 210L

Air Blank: 07/02/21 09:40 .000
Subject Test: Man 23 07/02/21 09:40 .098

Subject Name

Test 1

Subject I.D.

J. Wood / 0243

Operator Name, I.D.

200 Main

Location

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00440 s/
Temp Date Time 210L

Air Blank: 07/02/21 09:44 .000
Subject Test: Man 23 07/02/21 09:44 .100

Subject Name

Test 2

Subject I.D.

J. Wood / 0243

Operator Name, I.D.

200 Main

Location

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00441 s/
Temp Date Time 210L

Air Blank: 07/02/21 09:46 .000
Subject Test: Man 23 07/02/21 09:46 .099

Subject Name

Test 3

Subject I.D.

J. Wood / 0243

Operator Name, I.D.

200 Main

Location

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00442 s/
Temp Date Time 210L

VOID: RFI
12 07/02/21 09:48

Subject Name

RFI

Subject I.D.

J. Wood / 0243

Operator Name, I.D.

200 Main

Location

Grandview



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.