



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 105452	PRINTER SN 097 3584 331	DATE OF INSPECTION 10-19-2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 main st, Grandview		TIME OF INSPECTION 1110

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 type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input type="checkbox"/> STANDARD SUPPLIER Guth	LOT # 20190 EXP. DATE 04-06-22
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°	SIMULATOR SN MP6023 SIMULATOR EXP DATE 06-29-22

- 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 • 0.101	TEST 2 • 0.103	TEST 3 • 0.105
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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 [Signature]	PRINT NAME WOODS, J
TYPE II PERMIT NUMBER/EXPIRATION DATE 210141 07-07-23	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>10-19-21</i>
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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>
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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 _____
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

0.101

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 <i>J. Wood</i>	PERMIT NO. <i>210141</i>	EXPIRATION DATE <i>07-07-23</i>
WITNESS (IF ANY)		DATE <i>10-19-21</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>10-19-21</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>
<p><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.</p> <p><input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.</p> <p><input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 4. Turn printer on.</p> <p><input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.</p> <p><input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.</p> <p><input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.</p> <p><input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button.</p> <p><input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.</p> <p><input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece.</p> <p><input checked="" type="checkbox"/> 12. Turn printer off.</p> <p><input checked="" type="checkbox"/> 13. Attach printout to this report.</p>		
CERTIFICATION BY OPERATOR		BAC <i>0.108</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> <p><input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</p> <p><input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</p> <p><input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.</p> <p><input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.</p>		
NAME OF OPERATOR <i>J. Wood</i>	PERMIT NO. <i>210141</i>	EXPIRATION DATE <i>07-07-23</i>
WITNESS (IF ANY)		DATE <i>10-19-21</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>10-19-21</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>120 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 _____. 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.		
CERTIFICATION BY OPERATOR		BAC <i>0.105</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</i>	PERMIT NO. <i>210141</i>	EXPIRATION DATE <i>07-07-23</i>
WITNESS (IF ANY)		DATE <i>10-19-21</i>

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

FORM #8

SUBJECT'S NAME <i>RFI Test</i>		DATE OF TEST <i>10-19-21</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>120 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 _____. 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.		
CERTIFICATION BY OPERATOR		BAC <i>RFI</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</i>	PERMIT NO. <i>216141</i>	EXPIRATION DATE <i>07-07-23</i>
WITNESS (IF ANY)		DATE <i>10-19-21</i>

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00448
Temp Date Time 210L
s/

Air Blank:
10/19/21 10:18 .000
Calibration Check:
17 10/19/21 10:18 .101

Subject Name

Test 1

Subject I.D.

J WOOD / 0243

Operator Name, I.D.

1200 main A

Location

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00449
Temp Date Time 210L
s/

Air Blank:
10/19/21 10:20 .000
Subject Test: Man
17 10/19/21 10:20 .100

Subject Name

Test 2

Subject I.D.

J WOOD / 0243

Operator Name, I.D.

1200 main

Location

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00450
Temp Date Time 210L
s/

Air Blank:
10/19/21 10:22 .000
Subject Test: Man
18 10/19/21 10:22 .105

Subject Name

Test 3

Subject I.D.

J. WOOD / 0243

Operator Name, I.D.

1200 main

Location

Grandview

AS IV Serial no: 105452
Version no: 532B

TEST RECORD 00451
Temp Date Time 210L
s/

VOID: RFI
12 10/19/21 10:24

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

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 **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.