



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 111665	NAME OF AGENCY Sunrise Beach PD	DATE OF INSPECTION 06/25/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 32 Sunset Hills CT. Sunrise Beach, MO 65079	TIME OF INSPECTION 3:25 pm
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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 Labs LOT # 21080 EXP. DATE 03/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIM. SN MP 5540 SIM. NIST EXP DATE 11/30/2021

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 ← .098

TEST 2 ← .098

TEST 3 ← .097

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)

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).

In good working order.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

Scott Craig

TYPE II PERMIT NUMBER/EXPIRATION DATE

210115 / 05/25/2023

TELEPHONE NUMBER

(573) 374-7757

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: 111665  
Version no: 532B

TEST RECORD 00062

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 06/25/21 15:25

Subject Name

Maintenance Check

Subject I.D.

RFI Test

Operator Name, I.D.

Scott Craig 210115

Location

32 Sunset Hills CT

Sunrise Beach MO 65079

AS IV Serial no: 111665  
Version no: 532B

TEST RECORD 00063

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/25/21 15:26 .000  
Subject Test: Auto  
23 06/25/21 15:26 .000

Subject Name

Maintenance Check

Subject I.D.

Blank Test

Operator Name, I.D.

Scott Craig 210115

Location

32 Sunset Hills CT

Sunrise Beach, MO 65079

AS IV Serial no: 111665  
Version no: 532B

TEST RECORD 00064

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/25/21 15:27 .000  
Calibration Check:  
24 06/25/21 15:27 .098

Subject Name

Maintenance Check 1

Subject I.D.

Accuracy Test #1

Operator Name, I.D.

Scott Craig 210115

Location

32 Sunset Hills CT

Sunrise Beach, MO 65079

AS IV Serial no: 111665  
Version no: 532B

TEST RECORD 00065

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/25/21 15:29 .000  
Calibration Check:  
24 06/25/21 15:29 .098

Subject Name

Maintenance Check 2

Subject I.D.

Accuracy Test #2

Operator Name, I.D.

Scott Craig 210115

Location

32 Sunset Hills CT

Sunrise Beach MO 65079

AS IV Serial no: 111665  
Version no: 532B

TEST RECORD 00066

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
06/25/21 15:31 .000  
Calibration Check:  
24 06/25/21 15:31 .097

Subject Name

Maintenance Check 3

Subject I.D.

Accuracy Test #3

Operator Name, I.D.

Scott Craig 210115

Location

32 Sunset Hills CT

Sunrise Beach, MO 65079

**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 21080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 10, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 8, 2023 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 FN03052002 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



**PERMIT**  
**TYPE II**  
**SCOTT D. CRAIG**

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 5/25/2021

NUMBER 210115

EXPIRES 5/25/2023

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-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 **CRAIG, SCOTT**  
Permit No **210115**  
Date Issued **5/25/2021** Date Expires **5/25/2023**