



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<br>111753   | PRINTER SN<br>09B.3589.512 | DATE OF INSPECTION<br>05/06/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>709 W. Main Street, Greenwood, Missouri 64034 |                            | TIME OF INSPECTION<br>11:52 pm   |

**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 Laboratories LOT # 20420 EXP. DATE 09/22/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2285 SIMULATOR EXP DATE 09/28/2021

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  .100

TEST 2  .101

TEST 3  .101

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) | 1 | (.10-.14) | 1 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 *Hutchinson - 171*

PRINT NAME  
Hutchinson #171

TYPE II PERMIT NUMBER/EXPIRATION DATE  
200128 / 03/09/2022

TELEPHONE NUMBER  
(816) 537-5020

**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: 111753  
Version no: 5328

TEST RECORD 00344  
Temp Date Time 21:01 9/

Air Blank: 05/06/21 23:59 .000  
Calibration Check: 21 05/06/21 23:59 .100

Subject Name  
Test 1 00344  
Subject I.D.  
Hutchinson 171  
Operator Name, I.D.  
200128  
Location  
Greenwood PD

AS IV Serial no: 111753  
Version no: 5328

TEST RECORD 00345  
Temp Date Time 21:01 9/

Air Blank: 05/07/21 09:09 .000  
Calibration Check: 22 05/07/21 09:09 .100

Subject Name  
Test 2 00345  
Subject I.D.  
Hutchinson 171  
Operator Name, I.D.  
200128  
Location  
Greenwood PD

AS IV Serial no: 111753  
Version no: 5328

TEST RECORD 00346  
Temp Date Time 21:01 9/

Air Blank: 05/07/21 09:02 .000  
Calibration Check: 23 05/07/21 09:02 .101

Subject Name  
Test 3 00346  
Subject I.D.  
Hutchinson 171  
Operator Name, I.D.  
200128  
Location  
Greenwood PD

AS IV Serial no: 111753  
Version no: 5328

TEST RECORD 00347  
Temp Date Time 21:01 9/

0010: 001  
12 05/07/21 09:02

Subject Name  
Test 4 00347  
Subject I.D.  
Hutchinson 171  
Operator Name, I.D.  
200128  
Location  
Greenwood PD

Monthly AS-IV Maintenance Check

Greenwood PD 5-6-21



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-6470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 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 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

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**PERMIT  
 TYPE II**

**ANDREW HUTCHINSON**

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 3/9/2020

NUMBER 200128

EXPIRES 3/9/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RB-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** HUTCHINSON, ANDREW  
**Permit No** 200128  
**Date Issued** 3/9/2020 **Date Expires** 3/9/2022

