



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

RECEIVED

REPORT #7

By Tracy Crews at 9:33 am, Jul 23, 2021

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 111760	NAME OF AGENCY Johnson County Sheriff's Office	DATE OF INSPECTION 07/19/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 278 SW 871 Rd Centerview MO 64019		TIME OF INSPECTION 9:10 am

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) 34.0 SIM. SN SD2264 SIM. NIST EXP DATE 01/25/2022

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 .098	TEST 2 .098	TEST 3 .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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.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).

This instrument is operating in accordance to MODHSS standards

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Robert Watkins
TYPE II PERMIT NUMBER/EXPIRATION DATE 200167 5/7/2022	TELEPHONE NUMBER (660) 747-6469

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: 111760
Version no: 532B

TEST RECORD 00476

Temp Date Time ^{a/} 210L

Air Blank:
07/19/21 09:10 .000
Calibration Check:
19 07/19/21 09:10 .098

Subject Name
MAINT. TEST #1
Subject I.D.

WATKINS #200167
Operator Name, I.D.

Location
JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00477

Temp Date Time ^{a/} 210L

Air Blank:
07/19/21 09:12 .000
Calibration Check:
19 07/19/21 09:12 .098

Subject Name
MAINT. TEST #2
Subject I.D.

WATKINS #200167
Operator Name, I.D.

Location
JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00478

Temp Date Time ^{a/} 210L

Air Blank:
07/19/21 09:13 .000
Calibration Check:
20 07/19/21 09:13 .098

Subject Name
MAINT. TEST #3
Subject I.D.

WATKINS #200167
Operator Name, I.D.

Location
JCSO

AS IV Serial no: 111760
Version no: 532B

TEST RECORD 00479

Temp Date Time ^{a/} 210L

VOID: RFI
12 07/19/21 09:14

Subject Name
RFI! TEST
Subject I.D.

WATKINS #200167
Operator Name, I.D.

Location
JCSO



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

**PERMIT
TYPE II**

ROBERT G WATKINS

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 5/7/2020
NUMBER 200167
EXPIRES 5/7/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 **WATKINS, ROBERT**
Permit No **200167**
Date Issued **5/7/2020** Date Expires **5/7/2022**



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.