



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><u>111762</u>                                        | NAME OF AGENCY<br><u>STONE G SHERIFF'S OFFICE</u> | DATE OF INSPECTION |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><u>110 S. MAPLE CALENA MO</u> |                                                   | TIME OF INSPECTION |

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 # 20100 EXP. DATE 4/6/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2282 SIM. NIST EXP DATE 12/01/2021

- 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 .105 TEST 2 .105 TEST 3 .105

- 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).

|                                                                  |                                         |
|------------------------------------------------------------------|-----------------------------------------|
| <b>INSPECTING OFFICER</b>                                        |                                         |
| SIGNATURE<br>                                                    | PRINT NAME<br><u>SGT. MARY R. JONES</u> |
| TYPE II PERMIT-NUMBER/EXPIRATION DATE<br><u>200156 4/10/2022</u> | TELEPHONE NUMBER<br><u>417-357-6116</u> |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

SELF

AS IV Serial no: 111762  
Version no: 532B

TEST RECORD 00301

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

Air Blank:  
05/02/21 17:56 .000  
Calibration Check:  
21 05/02/21 17:56 .000

Subject Name

MONTHLY MAINT  
Subject J.D.

SELF TEST

Operator Name, I.D.

MARK KINLOE 200156  
Location

STONE CO JAIL

TEST 1

AS IV Serial no: 111762  
Version no: 532B

TEST RECORD 00303

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

Air Blank:  
05/02/21 18:00 .000  
Calibration Check:  
22 05/02/21 18:00 .105

Subject Name

MONTHLY MAINT  
Subject J.D.

TEST 2

Operator Name, I.D.

MARK KINLOE 200156  
Location

STONE CO JAIL

TEST 2

AS IV Serial no: 111762  
Version no: 532B

TEST RECORD 00304

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

Air Blank:  
05/02/21 18:03 .000  
Calibration Check:  
23 05/02/21 18:03 .105

Subject Name

MONTHLY MAINT  
Subject J.D.

TEST 2

Operator Name, I.D.

MARK KINLOE 200156  
Location

STONE CO JAIL

TEST 3

AS IV Serial no: 111762  
Version no: 532B

TEST RECORD 00305

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

Air Blank:  
05/02/21 18:07 .000  
Calibration Check:  
23 05/02/21 18:07 .105

Subject Name

MONTHLY MAINT  
Subject J.D.

TEST 3

Operator Name, I.D.

MARK KINLOE 200156  
Location

STONE CO JAIL

RFI

AS IV Serial no: 111762  
Version no: 532B

TEST RECORD 00306

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

VOID: RFI  
12 05/02/21 18:11

Subject Name

MONTHLY MAINT  
Subject J.D.

RFI

Operator Name, I.D.

MARK KINLOE 200156  
Location

STONE CO JAIL

MONTHLY MAINT

5/2/21

SGT MARK KINLOE

PERMIT # 200156

Exp. DATE 4/10/2022

STONE CO SHERIFF'S OFFICE



**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.*



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



**PERMIT**  
**TYPE II**  
**MARK RINKER**

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 4/10/2020

NUMBER 200156

EXPIRES 4/10/2022

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 RINKER, MARK  
 Permit No 200156  
 Date Issued 4/10/2020 Date Expires 4/10/2022