



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 111774	NAME OF AGENCY Carroll County Sheriff's Office	DATE OF INSPECTION 12/04/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 106 S. Folger St, Carrollton		TIME OF INSPECTION 7:03 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>21080</u> EXP. DATE <u>03/08/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.01</u>	SIM. SN <u>MP3879</u> SIM. NIST EXP DATE <u>06/28/2022</u>

**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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .099	TEST 2  .099	TEST 3  .099
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

Reset time on ASIV.  
 Replaced batteries in Printer.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Brian C. Woods
TYPE II PERMIT NUMBER/EXPIRATION DATE 200226 08/13/2022	TELEPHONE NUMBER (660) 542-2200

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

Serial no: 111774

Version 532B

Version no: 532B  
TEST RECORD 00293

Temp Date Time 210L

Air Blank:  
12/04/21 07:03 .000  
Calibration Check:  
22 12/04/21 07:03 .099

Subject Name  
Test #1  
Subject I.D.

Operator Name, I.D.  
B.C. Woods, 782  
Location

AS IV Serial no: 111774  
Version no: 532B

TEST RECORD 00294

Temp Date Time 210L

Air Blank:  
12/04/21 07:06 .000  
Calibration Check:  
23 12/04/21 07:06 .099

Subject Name  
Test #2  
Subject I.D.

Operator Name, I.D.  
B.C. Woods, 782  
Location

AS IV Serial no: 111774  
Version no: 532B

TEST RECORD 00295

Temp Date Time 210L

Air Blank:  
12/04/21 07:08 .000  
Calibration Check:  
23 12/04/21 07:08 .099

Subject Name  
Test #3  
Subject I.D.

Operator Name, I.D.  
B.C. Woods, 782  
Location

AS IV Serial no: 111774  
Version no: 532B

TEST RECORD 00296

Temp Date Time 210L

VOID: RFI  
12 12/04/21 07:11

Subject Name  
RFI Test  
Subject I.D.

Operator Name, I.D.  
B.C. Woods, 782  
Location

AS IV Serial no: 111774  
Version no: 532B

TEST RECORD 00297

Temp Date Time 210L

Air Blank:  
12/04/21 07:12 .000  
Subject Test: Auto  
24 12/04/21 07:12 .000

Subject Name  
Blank Test  
Subject I.D.

Operator Name, I.D.  
B.C. Woods, 782  
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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 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.*

