



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 035714 | PRINTER SN 092.3576.249 | DATE OF INSPECTION 01/01/2022 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 203 Veterans Memorial Parkway, Wright City, Missouri, 63390 | TIME OF INSPECTION 6:41 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

| | |
|---|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>20190</u> EXP. DATE <u>04/06/2022</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0C</u> SIMULATOR SN <u>SD2745</u> SIMULATOR EXP DATE <u>04/06/2022</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)

- 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 .104 | TEST 2 .104 | TEST 3 .104 |
|--------------|--------------|--------------|

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).

INSPECTING OFFICER

| | |
|--|------------------------------------|
| SIGNATURE | PRINT NAME Greg Monroe |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 210071 04/06/2023 | TELEPHONE NUMBER (636) 745-3541 |

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: 035714
Version no: 532B

TEST RECORD 01305

| Temp | Date | Time | % |
|--------------------|----------|----------|-------|
| VOID: 071 | 12 | 01/01/22 | 18:48 |
| Air Blank: | | | |
| 01/01/22 | 18:46 | .000 | |
| Calibration Check: | | | |
| 25 | 01/01/22 | 18:45 | .18% |

Subject Name
Monroe 104

Subject I.D.
Monroe 104, 210071

Operator Name: J.D.
Wright City PD

Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01304

| Temp | Date | Time | % |
|--------------------|----------|----------|-------|
| VOID: 071 | 12 | 01/01/22 | 18:48 |
| Air Blank: | | | |
| 01/01/22 | 18:46 | .000 | |
| Calibration Check: | | | |
| 25 | 01/01/22 | 18:45 | .18% |

Subject Name
Monroe 104

Subject I.D.
Monroe 104, 210071

Operator Name: J.D.
Wright City PD

Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01303

| Temp | Date | Time | % |
|--------------------|----------|----------|-------|
| VOID: 071 | 12 | 01/01/22 | 18:48 |
| Air Blank: | | | |
| 01/01/22 | 18:44 | .000 | |
| Calibration Check: | | | |
| 24 | 01/01/22 | 18:44 | .10% |

Subject Name
Monroe 104

Subject I.D.
Monroe 104, 210071

Operator Name: J.D.
Wright City PD

Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01302

| Temp | Date | Time | % |
|--------------------|----------|----------|-------|
| VOID: 071 | 12 | 01/01/22 | 18:48 |
| Air Blank: | | | |
| 01/01/22 | 18:41 | .000 | |
| Calibration Check: | | | |
| 24 | 01/01/22 | 18:41 | .10% |

Subject Name
Monroe 104

Subject I.D.
Monroe 104, 210071

Operator Name: J.D.
Wright City PD

Location

IN SERIAL 101 055214
VERSION 04 5323
7330 104 01003

7330 104 01003
01/22 1945
Monroe 104

Monroe 104

Monroe 104, 210071

Wright City PD

IN SERIAL 101 055214
VERSION 04 5323
7330 104 01004

7330 104 01004
01/22 1945
Monroe 104

Monroe 104

Monroe 104

Monroe 104, 210071

Wright City PD

IN SERIAL 101 055214
VERSION 04 5323
7330 104 01005

7330 104 01005
01/22 1945
Monroe 104

Monroe 104

Monroe 104

Monroe 104, 210071

Wright City PD

IN SERIAL 101 055214
VERSION 04 5323
7330 104 01006

7330 104 01006
01/22 1945
Monroe 104

Monroe 104

Monroe 104

Monroe 104, 210071

Wright City PD



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°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 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**

GREGORY D. MONROE

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 4/6/2021

NUMBER 210071

EXPIRES 4/6/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

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 MONROE, GREGORY
Permit No 210071
Date Issued 4/6/2021 Date Expires 4/6/2023

