


 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 097413	NAME OF AGENCY CALVERTON PARK PD	DATE OF INSPECTION 05-11-2022
LOCATION OF INSTRUMENT (STREET AND CITY) 52 YOUNG DR CALVERTON PARK MO 63135		TIME OF INSPECTION 1630

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) 22°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER GUTH LABS LOT # 21380 EXP. DATE 09/13/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD3327 SIM. NIST EXP DATE 07/13/2022

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 .099	TEST 2 .098	TEST 3 .098
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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)	0
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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).

INSPECTING OFFICER

SIGNATURE PO 206 206	PRINT NAME PO DAN WEST DSN 206
TYPE II PERMIT NUMBER/EXPIRATION DATE 210254 11/12/2023	TELEPHONE NUMBER (314) 524-1212

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: 097413
Version no: 532B

TEST RECORD 00500

Temp	Date	Time	a/ 210L
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Air Blank:
05/11/22 16:56 .000
Calibration Check:
21 05/11/22 16:56 .099

Subject Name

Subject I.D.

Operator Name, I.D.

POWES-206
Location

AS IV Serial no: 097413
Version no: 532B

TEST RECORD 00502

Temp	Date	Time	a/ 210L
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Air Blank:
05/11/22 17:00 .000
Calibration Check:
23 05/11/22 17:00 .098

Subject Name

Subject I.D.

Operator Name, I.D.

POWES-206
Location

AS IV Serial no: 097413
Version no: 532B

TEST RECORD 00501

Temp	Date	Time	a/ 210L
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Air Blank:
05/11/22 16:58 .000
Calibration Check:
22 05/11/22 16:58 .098

Subject Name

Subject I.D.

Operator Name, I.D.

POWES-206
Location

AS IV Serial no: 097413
Version no: 532B

TEST RECORD 00503

Temp	Date	Time	a/ 210L
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VOID: RFI
12 05/11/22 17:02

Subject Name

Subject I.D.

Operator Name, I.D.

POWES-206
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 **21380** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 15, 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 **September 13, 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.



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

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PERMIT
TYPE II
DANNY E. WEST

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 11/12/2021

Laura P. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210254

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 11/12/2023

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 WEST, DANNY
 Permit No 210254
 Date Issued 11/12/2021 Date Expires 11/12/2023

