



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 097422 | NAME OF AGENCY Newton County Sheriff's Office | DATE OF INSPECTION 08/26/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 208 W. Coler St. Neosho, MO 64850 | | TIME OF INSPECTION 9:57 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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories LOT # 21380 EXP. DATE 09/23/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR6930 SIM. NIST EXP DATE 10/07/2022
- 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 .100 | TEST 2 .099 | 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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) | 1 |
|----------|---------|-----------|-----------|-----------|------------|---|

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 Joshua Fort |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220097 / 03/18/2024 | TELEPHONE NUMBER (417) 451-8300 |

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: 097422
Version no: 532B

TEST RECORD 00532

Temp Date Time ^{s/} 210L

Air Blank:
08/26/22 21:57 .000
Calibration Check:
21 08/26/22 21:57 .100

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

Joshua Fort 220097

Location Exp. 3/18/24

208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 097422
Version no: 532B

TEST RECORD 00533

Temp Date Time ^{s/} 210L

Air Blank:
08/26/22 21:59 .000
Calibration Check:
22 08/26/22 21:59 .099

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

Joshua Fort 220097

Location Exp 3/18/24

208 W. Coler st

Neosho, Mo 64850

AS IV Serial no: 097422
Version no: 532B

TEST RECORD 00534

Temp Date Time ^{s/} 210L

Air Blank:
08/26/22 22:01 .000
Calibration Check:
23 08/26/22 22:01 .098

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

Joshua Fort 220097

Location Exp. 3/18/24

208 W. Coler St.

Neosho, Mo 64850

AS IV Serial no: 097422
Version no: 532B

TEST RECORD 00535

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/26/22 22:03

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Joshua Fort 220097

Location Exp 3/18/24

208 W. Coler St

Neosho, Mo 64850

AS IV Serial no: 097422
Version no: 532B

TEST RECORD 00536

Temp Date Time ^{s/} 210L

Air Blank:
08/26/22 22:04 .000
Subject Test: Auto
23 08/26/22 22:04 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

Joshua Fort 220097

Location Exp. 3/18/24

208 W. Coler St

Neosho, Mo 64850



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

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



PERMIT
TYPE II
JOSHUA FORT

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 3/18/2022

NUMBER 220097

EXPIRES 3/18/2024

Laura E. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (9-10)

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 FORT, JOSHUA
Permit No 220097
Date Issued 3/18/2022 Date Expires 3/18/2024

