



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 102469	PRINTER SN 095.353.193	DATE OF INSPECTION 09/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) Lafayette County Sheriff 107 S. 11th Lexington, Mo. 64067		TIME OF INSPECTION 5:43 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.

- 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 Labs LOT # 21380 EXP. DATE 09/13/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2275 SIMULATOR EXP DATE 01/18/2023
- 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 ➡ .104	TEST 3 ➡ .103
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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)
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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).

Meets DOH Standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Caleb M. C. Crosson
TYPE II PERMIT NUMBER/EXPIRATION DATE 220164 06/24/2022	TELEPHONE NUMBER (660) 259-3622

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



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 $0.100 \text{ g}/210\text{L} \pm 3\%$.

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.

98 IV Serial no: 102469
Version no: 5328

TEST RECORD 00004

Temp Date Time 210L

Air Blank: 09/06/22 05:45 .000

Calibration Check: 21 09/06/22 05:45 .104

Subject Name
CAL CHECK

Operator Name, I.D.
C-Crosson 220164

Location
UCSO

98 IV Serial no: 102469
Version no: 5328

TEST RECORD 00005

Temp Date Time 210L

Air Blank: 09/06/22 05:47 .000

Calibration Check: 21 09/06/22 05:47 .103

Subject Name
CAL CHECK

Operator Name, I.D.
C-Crosson 220164

Location
UCSO

98 IV Serial no: 102469
Version no: 5328

TEST RECORD 00004

Temp Date Time 210L

Air Blank: 09/06/22 05:45 .000

Calibration Check: 21 09/06/22 05:45 .104

Subject Name
CAL CHECK

Operator Name, I.D.
C-Crosson 220164

Location
UCSO

98 IV Serial no: 102469
Version no: 5328

TEST RECORD 00003

Temp Date Time 210L

Air Blank: 09/06/22 05:43 .000

Calibration Check: 20 09/06/22 05:43 .105

Subject Name
CAL CHECK

Operator Name, I.D.
C-Crosson 220164

Location
UCSO

Handwritten notes:
09/06/22 05:45 .000
09/06/22 05:47 .103
09/06/22 05:45 .104
09/06/22 05:43 .105



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



PERMIT
TYPE II
CALEB CROSSON

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 6/24/2022

NUMBER 220164

EXPIRES 6/24/2024

MO 580-0771 (8-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (16-10)

 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 CROSSON, CALEB
 Permit No 220164
 Date Issued 6/24/2022 Date Expires 6/24/2024

