



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 12/09/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) Lafayette County Sheriff 107 S. 11th Lexington, Mo. 64067	TIME OF INSPECTION 9:05 am
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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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>21380</u>	EXP. DATE <u>09/13/2023</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIMULATOR SN <u>SD2275</u>	SIMULATOR EXP DATE <u>01/18/2023</u>
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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 ➡ <u>.102</u>	TEST 2 ➡ <u>.103</u>	TEST 3 ➡ <u>.102</u>
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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	<u>0</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(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 #156	PRINT NAME Caleb M. C. Crosson
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220164 06/24/2024	TELEPHONE NUMBER (660) 259-3622
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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: 102459
Version no: 5323

TEST RECORD 00862
Temp Date Time 210L

Air Blank:
12/09/22 09:10 .000
Calibration Check:
22 12/09/22 09:10 .102
Subject Name
CAL CHECK
Subject I.D.

Operator Name, I.D.
C. Crosson 220164
Location
LC50

AS IV Serial no: 102459
Version no: 5325

TEST RECORD 00862
Temp Date Time 210L

Air Blank:
12/09/22 09:10 .000
Calibration Check:
22 12/09/22 09:10 .102
Subject Name
CAL CHECK
Subject I.D.

Operator Name, I.D.
C. Crosson 220164
Location
LC50

AS IV Serial no: 102459
Version no: 5325

TEST RECORD 00861
Temp Date Time 210L

Air Blank:
12/09/22 09:07 .000
Calibration Check:
21 12/09/22 09:07 .102
Subject Name
CAL CHECK
Subject I.D.

Operator Name, I.D.
C. Crosson 220164
Location
LC50

AS IV Serial no: 102469
Version no: 5323

TEST RECORD 00860
Temp Date Time 210L

Air Blank:
12/09/22 09:05 .000
Calibration Check:
21 12/09/22 09:05 .102
Subject Name
CAL CHECK
Subject I.D.

Operator Name, I.D.
C. Crosson 220164
Location
LC50



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



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 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David 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

