



**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 111327 Lawson PD	NAME OF AGENCY Lawson Police Department	DATE OF INSPECTION 12/06/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 104 W 3rd Street, Lawson, MO		TIME OF INSPECTION 1:25 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>22080</u> EXP. DATE <u>03/07/2024</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>DR5392</u> SIM. NIST EXP DATE <u>07/07/2023</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 ➔ .102	TEST 2 ➔ .101	TEST 3 ➔ .100
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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).

Corrected time, two minutes slow.

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>Chief Bruce Summa</i>	PRINT NAME Chief Bruce Summa
TYPE II PERMIT NUMBER/EXPIRATION DATE 220062 02/19/2024	TELEPHONE NUMBER (816) 580-7210

**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: 111327  
Version no: 532B

TEST RECORD 00789

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/06/22 13:25 .000  
Calibration Check:  
21 12/06/22 13:25 .102

Subject Name

Monthly Maint  
Subject I.D.  
Chief Bruce Summa  
Operator Name, I.D.  
220062  
Location  
Lawson PD  
Test 1

AS IV Serial no: 111327  
Version no: 532B

TEST RECORD 00790

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/06/22 13:27 .000  
Calibration Check:  
22 12/06/22 13:27 .101

Subject Name

Monthly Maint  
Subject I.D.  
Chief Bruce Summa  
Operator Name, I.D.  
220062  
Location  
Lawson PD  
Test 2

AS IV Serial no: 111327  
Version no: 532B

TEST RECORD 00791

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/06/22 13:29 .000  
Calibration Check:  
23 12/06/22 13:29 .100

Subject Name

Monthly Maint  
Subject I.D.  
Chief Bruce Summa  
Operator Name, I.D.  
220062  
Location  
Lawson PD  
Test 3

AS IV Serial no: 111327  
Version no: 532B

TEST RECORD 00792

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 12/06/22 13:30

Subject Name

Monthly Maint  
Subject I.D.  
Chief Bruce Summa  
Operator Name, I.D.  
220062  
Location  
Lawson PD  
RFI Test

AS IV Serial no: 111327  
Version no: 532B

TEST RECORD 00793

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/06/22 13:31 .000  
Subject Test: Auto  
24 12/06/22 13:31 .000

Subject Name

Monthly Maint  
Subject I.D.  
Chief Bruce Summa  
Operator Name, I.D.  
220062  
Location  
Lawson PD  
Self Test



## 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 **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, 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 **March 7, 2024** 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**  
**BRUCE SUMMA**

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 2/19/2022

NUMBER 220062

EXPIRES 2/19/2024

*Laura G. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Bruce Summa*

, acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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** SUMMA, BRUCE  
**Permit No** 220062  
**Date Issued** 2/19/2022 **Date Expires** 2/19/2024

