

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

THE STATE OF THE S					
Complete this report in duplicate at the time Send copy to Department of Health and Ser	e of the regular monthly phior Services; retain origin	oreventative mainten nal in department file	ance check, and w	henever instrument is repaired.	
ALCO SENSOR IV SN 111757	NAME OF AGENCY Missouri Sta	ite Park Range	ers	06/30/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 403 Highway 134 Kaiser, MO 65047			TII	ME OF INSPECTION 1810 hours	
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					
DIGITAL READOUT (ALL ELEMENTS O	OPERATIONAL)				
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY					
TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDA	RDS				
X SIMULATOR SOLUTION	SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE				
X STANDARD SUPPLIER _ Guth	L	от # 21080	EXP. DATE 0	3/08/2023	
SIMULATOR TEMPERATURE (34°C ±	0.2°C) 34.01 SIN	и. sn <u>MP4942</u>	SIM. NIS	T EXP DATE 04/28/2023	
less. Check the box corresponding to the 0.100% STANDARD - MUST REA 0.080% STANDARD - MUST REA 0.040% STANDARD - MUST REA	D BETWEEN 0.095% and D BETWEEN 0.076% and	0.105% INCLUSIVE 0.084% INCLUSIVE	E E		
TEST 1 .103	TEST 2 .103		TEST 3 ▼ .102		
X RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TE (DO NOT INCLUDE SELF-ADMINISTEREI		G RANGES SINCE	THE LAST MAINT	ENANCE REPORT:	
REFUSALS (004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and describe any altera established limits (use other side if necessar		vas made to restore	the instrument to o	perate satisfactorily and within	
INSPECTING OFFICER SIGNATURE			PRINT NAME		
· Lyla D. My			Tyler S. Roby		
220008; 01/11/2024			(573) 508-2311		
Return completed report to the: Breath A by mail,	Alcohol Program, MO Dep fax, or email.	partment of Health a	nd Senior Services	, Southeast District Office	

AS IV Serial no: 111757 Version no: 532B

TEST RECORD 00246

Temp Date Time 210L

Air Blank: 06/30/22 18:14 .000 Calibration Check: 29 06/30/22 18:14 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Lake Ozak

State Park

AS IV Serial no: 111757 Version no: 532B

TEST RECORD 00247

Temp Date Time 210L

Air Blank:

06/30/22 18:16 .000 Calibration Check:

29 86/38/22 18:16 .103

Subject Name

Test

Subject I.D.

Test 2

Operator Name, I.D.

Tyler Roby, 22,0008

Lake Ozak

State Park

AS IV Serial no: 111757 Version no: 532B

TEST RECORD 00248

9/ Temp Date Time 210L

Air Blank:

06/30/22 18:17 .000 Calibration Check:

29 06/30/22 18:17 .102

Subject Name

Test

Subject I.D.

Test 3

Operator Name, I.D.

Lake Ozark

State Park

AS IV Serial no: 111757 Version no: 532B

TEST RECORD 00249

9/ Temp Date Time 210L

UOID: RFI 12 06/30/22 18:18

Subject Name

Test

Subject I.D.

Test 4-RFI

Operator Name, I.D.

Tyler Poby ,22,0008

Lake Ozork

State Park



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21080 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on March 10, 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 March 8, 2023 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 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 TYLER ROBY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

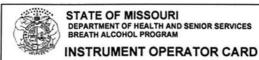
ALCO-SENSOR IV WITH PRINTER

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	
DATE1/11/2022	Lama & Nay
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220008	0 1112 1
EXPIRES 1/11/2024	Director of DEPARTMENT OF HEALTH AND SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a in Missouri.

Operator ROBY, TYLER Permit No 220008

ate Issued 1/11/2022 Date Expires 1/11/2024

