



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Tracy Crews at 12:47 pm, Jun 17, 2024

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 030810	NAME OF AGENCY El Dorado Springs Police Dept	DATE OF INSPECTION 06/17/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street El Dorado Springs		TIME OF INSPECTION 08:55

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input type="checkbox"/> 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>23390</u> EXP. DATE <u>10/21/2024</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIM. SN <u>MP24946</u> SIM. NIST EXP DATE <u>10/17/2025</u>
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 ← <u>0.101</u>	TEST 2 ← <u>.100</u>	TEST 3 ← <u>.100</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	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).

N/A

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Jarrod Schiereck
TYPE II PERMIT NUMBER/EXPIRATION DATE 220233-09/12/2024	TELEPHONE NUMBER (417) 876-2313

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

03 UV Serial no: 000010
Version no: 3320

TEST RECORD 00648

Temp Date Time 210L

Air Blanks
96/12/24 00:55 .000
Subject Test: Auto
21 96/12/24 00:55 .000

Subject Name
BLANK TEST
Subject I.D.

Operator Name, I.D. 109
JARROD Schiereck
Location
1207 SOUTH MAIN
EL Dorado Springs

03 UV Serial no: 000010
Version no: 3320

TEST RECORD 00649

Temp Date Time 210L

Air Blanks
96/12/24 00:56 .000
Calibration Checks
22 96/12/24 00:56 .101

Subject Name
TEST #1
Subject I.D.

Operator Name, I.D. 109
JARROD Schiereck
Location
1207 S MAIN
EL Dorado Springs

03 UV Serial no: 000010
Version no: 3320

TEST RECORD 00650

Temp Date Time 210L

Air Blanks
96/12/24 00:58 .000
Calibration Checks
23 96/12/24 00:58 .100

Subject Name
TEST #2
Subject I.D.

Operator Name, I.D. 109
JARROD Schiereck
Location
1207 S MAIN
EL Dorado Springs

03 UV Serial no: 000010
Version no: 3320

TEST RECORD 00651

Temp Date Time 210L

Air Blanks
96/12/24 00:00 .000
Calibration Checks
23 96/12/24 00:00 .100

Subject Name
TEST #3
Subject I.D.

Operator Name, I.D. 109
JARROD Schiereck
Location
1207 S MAIN
EL Dorado Springs

03 UV Serial no: 000010
Version no: 3320

TEST RECORD 00652

Temp Date Time 210L

03 UV 109
22 96/12/24 00:01

Subject Name
R.F.I. TEST
Subject I.D.

Operator Name, I.D. 109
JARROD Schiereck
Location
1207 S MAIN
EL Dorado Springs



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 **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** 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 FN03072301 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
JARROD SCHIERECK

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 9/12/2022

NUMBER 220233

EXPIRES 9/12/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

580-0771 (6-10)



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 SCHIERECK, JARROD
Permit No 220233
Date Issued 9/12/2022 Date Expires 9/12/2024

