



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

**RECEIVED**  
 By Tracy Crews at 12:57 pm, Jul 19, 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 07/17/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street El Dorado Springs		TIME OF INSPECTION 10:38 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 Laboratories                      LOT # 23390                      EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00                      SIM. SN MP24946                      SIM. NIST EXP DATE 08/23/2025

- 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>100</u>	TEST 2 → <u>101</u>	TEST 3 → <u>101</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

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).

NA

**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 IU Serial no: 000010  
Version no: 1020

TEST RUN# 00000

Temp Date Time 210L

Air Blank:  
07/17/24 10:38 .000  
Subject Test: Auto  
07/17/24 10:39 .000

Subject Name  
**BLANK TEST**  
Subject I.D.

Operator Name: I.D. 109  
**Jarrod Schiereck**  
Location

**1207 South Main**

**EL Dorado Springs**

03 IU Serial no: 000010  
Version no: 1020

TEST RUN# 00000

Temp Date Time 210L

Air Blank:  
07/17/24 10:40 .000  
Calibration Check:  
07/17/24 10:40 .100

Subject Name  
**TEST #1**  
Subject I.D.

Operator Name: I.D. 109  
**Jarrod Schiereck**  
Location

**1207 South Main**

**EL Dorado Springs**

03 IU Serial no: 000010  
Version no: 1020

TEST RUN# 00001

Temp Date Time 210L

Air Blank:  
07/17/24 10:41 .000  
Calibration Check:  
07/17/24 10:41 .101

Subject Name  
**TEST #2**  
Subject I.D.

Operator Name: I.D. 109  
**Jarrod Schiereck**  
Location

**1207 South Main**

**EL Dorado Springs**

03 IU Serial no: 000010  
Version no: 1020

TEST RUN# 00002

Temp Date Time 210L

Air Blank:  
07/17/24 10:43 .000  
Calibration Check:  
07/17/24 10:43 .101

Subject Name  
**TEST #3**  
Subject I.D.

Operator Name: I.D. 109  
**Jarrod Schiereck**  
Location

**1207 South Main**

**EL Dorado Springs**

03 IU Serial no: 000010  
Version no: 1020

TEST RUN# 00003

Temp Date Time 210L

UNIT: RFI  
07/17/24 10:43

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

Operator Name: I.D. 109  
**Jarrod Schiereck**  
Location

**1207 South Main**

**EL Dorado Springs**



## GUTH LABORATORIES, INC.

690 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  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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 Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PB-10)

589-0771 (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

