



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 035714	PRINTER SN 092.3576.249	DATE OF INSPECTION 11/12/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 203 Veterans Memorial Parkway, Wright City, Missouri, 63390		TIME OF INSPECTION 5:10 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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Labrotories LOT # 23390 EXP. DATE 05/08/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0C SIMULATOR SN SD2745 SIMULATOR EXP DATE 05/10/2024

- 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 ➡ .104	TEST 2 ➡ .103	TEST 3 ➡ .103
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	(OVER .19)	1
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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).
Time updated due to daylight saving time

INSPECTING OFFICER

SIGNATURE 104	PRINT NAME Greg Monroe
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230040 03/09/2025	TELEPHONE NUMBER (636) 745-3541
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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: 035714
Version no: 532B

TEST RECORD 01594

Temp Date Time 210L ^{g/}
Air Blank: 11/12/24 17:10 .000
Calibration Check: 21 11/12/24 17:10 .104
Monroe 104

Subject Name

Monroe 104, 230040

Subject I.D.

Monroe 104

Operator Name, I.D.

Wright City AD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01595

Temp Date Time 210L ^{g/}
Air Blank: 11/12/24 17:12 .000
Calibration Check: 23 11/12/24 17:12 .103
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name, I.D.

Wright City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01596

Temp Date Time 210L ^{g/}
Air Blank: 11/12/24 17:14 .000
Calibration Check: 24 11/12/24 17:14 .103
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name, I.D.

Wright City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01597

Temp Date Time 210L ^{g/}
VOID: RFI
12 11/12/24 17:15
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name, I.D.

Wright City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01594

Temp Date Time 210L

Air Blank: 11/12/24 17:10 .000

Calibration Check: 21 11/12/24 17:10 .104

Subject Name Monroe 104

Subject I.D. Monroe 104, 230040

Operator Name, I.D. Monroe 104

Wrist City AS
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01595

Temp Date Time 210L

Air Blank: 11/12/24 17:12 .000

Calibration Check: 23 11/12/24 17:12 .103

Subject Name Monroe 104

Subject I.D. 230040

Operator Name, I.D. Monroe 104, 230040

Wrist City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01596

Temp Date Time 210L

Air Blank: 11/12/24 17:14 .000

Calibration Check: 24 11/12/24 17:14 .103

Subject Name Monroe 104

Subject I.D. 230040

Operator Name, I.D. Monroe 104, 230040

Wrist City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01597

Temp Date Time 210L

VOID: KPI 12 11/12/24 17:15

Subject Name Monroe 104

Subject I.D. 230040

Operator Name, I.D. Monroe 104, 230040

Wrist City PD
Location



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

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

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PERMIT
TYPE II
GREGORY D. MONROE

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 3/9/2023

NUMBER 230040

EXPIRES 3/9/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 MONROE, GREGORY
Permit No 230040
Date Issued 3/9/2023 **Date Expires** 3/9/2025

