



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 087971 | NAME OF AGENCY CARROLLTON POLICE DEPARTMENT | DATE OF INSPECTION 05/02/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1320 US 65 N., CARROLLTON, MO, 64633 | | TIME OF INSPECTION 4:02 P.M. |

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 LABS INC. LOT # 22430 EXP. DATE 11/30/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2940 SIM. NIST EXP DATE 09/19/2024
- 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 ➡ .103 | TEST 2 ➡ .102 | TEST 3 ➡ .102 |
|---------------|---------------|---------------|

- 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).

Maintenance conducted in accordance with DHSS standards.

| | |
|---|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME WILLIAM BAGGER |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230029/2-17-2025 | TELEPHONE NUMBER (660) 542-3128 |

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

CARROLLTON POLICE DEPARTMENT-BREATH ALCOHOL PROGRAM

AS-IV Serial no: 087971
Version no: 532B

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TEST RECORD 00536

Temp Date Time 210L

Air Blank: 9/

05/02/24 15:02 .000
Calibration Check:
22 05/02/24 15:02 .103

Temp Date Time 210L

Air Blank: 9/

05/02/24 15:04 .000
Calibration Check:
23 05/02/24 15:04 .102

TEST RECORD 00538

Temp Date Time 210L

Air Blank: 9/

05/02/24 15:07 .000
Calibration Check:
24 05/02/24 15:07 .102

TEST RECORD 00535

Temp Date Time 210L

VOID: REI

12 05/02/24 15:08

Subject Name
TEST #1
Subject I.D.

Subject Name
TEST #2
Subject I.D.

Subject Name
TEST #3
Subject I.D.

Subject Name
REI TEST
Subject I.D.

Operator Name, I.D.

W. BARGER #230029

Location

1320 N US 65

CARROLLTON, MO

Operator Name, I.D.

W. BARGER #230029

Location

1320 N US 65

CARROLLTON, MO

Operator Name, I.D.

W. BARGER #230029

Location

1320 N US 65

CARROLLTON, MO

Operator Name, I.D.

W. BARGER #230029

Location

1320 N US 65

CARROLLTON, MO

TEST #1

TEST #2

TEST #3

REI TEST

AS-IV S/N: 087971 Type II Permit Holder: William Barger #230029-Exp: 02/17/2025 Date of Maintenance Report: 5/2/2024

Carrollton Police Department AS-IV Monthly Maintenance Report



GUTH LABORATORIES, INC.

690 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5170

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 2024 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 Coriolis 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
WILLIAM BARGER

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 2/17/2023

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230029

Dave L. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/17/2025

LAB-4 (R0-10)

MO 680-0771 (8-10)

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 **BARGER, WILLIAM**
Permit No **230029**
Date Issued **2/17/2023** Date Expires **2/17/2025**

