



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 087978	NAME OF AGENCY Owensville PD	DATE OF INSPECTION 10/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 780 West Highway 28 Owensville		TIME OF INSPECTION 1:29 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 Laboratories LOT # 24110 EXP. DATE 03/05/2026
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD 2300 SIM. NIST EXP DATE 10/06/2024
- 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 .100	TEST 2 .099	TEST 3 .100
--------------	--------------	--------------

- 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).

Instrument operating satisfactorily and within established limits.

INSPECTING OFFICER	
SIGNATURE	PRINT NAME Jonathan Scott Griffith
TYPE II PERMIT NUMBER/EXPIRATION DATE 230060/04-02-2025	TELEPHONE NUMBER (573) 437-2195

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

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00814

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
10/01/24 13:29 .000
Subject Test: Auto
20 10/01/24 13:29 .000

Subject Name

Subject I.D.

Blank Test

Operator Name, I.D.

GRIFFITH 101

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00815

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
10/01/24 13:32 .000
Calibration Check:
20 10/01/24 13:32 .100

Subject Name

Subject I.D.

Check 1

Operator Name, I.D.

GRIFFITH 101

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00816

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
10/01/24 13:35 .000
Calibration Check:
21 10/01/24 13:35 .099

Subject Name

Subject I.D.

Check 2

Operator Name, I.D.

GRIFFITH 101

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00817

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
10/01/24 13:38 .000
Calibration Check:
21 10/01/24 13:38 .100

Subject Name

Subject I.D.

Check 3

Operator Name, I.D.

GRIFFITH 101

Location

Owensville PD

TEST RECORD 00818

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI
12 10/01/24 13:40

Subject Name

Subject I.D.

Check-RFI

Operator Name, I.D.

GRIFFITH 101

Location

Owensville PD

AS IV Serial no: 087978
Version no: 532B

TEST RECORD 00819

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI
12 10/01/24 13:43

Subject Name

Subject I.D.

Check-RFI

Operator Name, I.D.

GRIFFITH 101

Location

Owensville PD



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 **24110** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 6, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 5, 2026** 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 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

JONATHAN S. GRIFFITH

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 206.111 through 206.119 RSMo.

DATE: 4/2/2023

NUMBER 230060

EXPIRES 4/2/2025

MO 508-2771 (8-10)

Mike Mason
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David E. Nicholas
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (7/6-2)

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 **GRIFFITH, JONATHAN**
Permit No **230060**
Date Issued **4/2/2023** Date Expires **4/2/2025**

