

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

White the				
Complete this report in duplicate at the time of Send copy to Department of Health and Senior				whenever instrument is repaired
ALCO SENSOR IV SN 097413	NAME OF AGENCY CALVERTON PAR	K	נ	DATE OF INSPECTION
LOCATION OF INSTRUMENT (STREET AND CITY) 52 YOUNG DR CALVERTON PARK MO 6	3135		1	TIME OF INSPECTION
CHECKLIST: Place a mark in the box by each ite	em if found to be satisfac	ctory or if operating	within establishe	d limits. (Write in observed values
where determined.) Unmarked items must be co				
☑ DIGITAL READOUT (ALL ELEMENTS OPE	ERATIONAL)			
TEMPERATURE OF ALCO SENSOR (10°C	C - 40°C) 6°C			
PRINTER WORKING PROPERLY				
☑ TIME AND DATE DISPLAYING PROPERLY	Υ	2		
BREATH ALCOHOL ACCURACY STANDARD	S			
☑ SIMULATOR SOLUTION		☐ COMPRESSE	D ETHANOL-GA	IS MIXTURE
☑ STANDARD SUPPLIER GUTH LABS	L0	T # <u>23390</u>	EXP. DATE	10/17/2025
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°	°C)34.0 SIM.	SNSD3327	7 SIM. N	IST EXP DATE <u>07/11/2024</u>
Run three tests using a standard solution. A less. Check the box corresponding to the st 0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B 0.040% STANDARD - MUST READ B	andard solution being u ETWEEN 0.095% and (ETWEEN 0.076% and (ised. (PRINTOUT A 0.105% INCLUSIVE 0.084% INCLUSIVE	TTACHED) E E	Е
TEST 1 • .099 TE	ST 209 K	3	TEST 3 🕶	098
☑ RFI DETECTOR OPERATING				
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TO		RANGES SINCE	THE LAST MAIN	ITENANCE REPORT:
()		.1014)	(.1519)	O (OVER .19) 8
List any new parts and describe any alteration established limits (use other side if necessary).		as made to restore	the instrument to	o operate satisfactorily and within
INSPECTING OFFICER SIGNATURE			PRINT NAME PO DAN WES	ST 206
TYPE I PERMIT NUMBER/EXPIRATION DATE 230254 11/14/2025			TELEPHONE NUMBER (636) 524-12	
Return completed report to the: Breath Alco	ohol Program, MO Depa	artment of Health a	nd Senior Servic	es, Southeast District Office

by mail, fax, or email.

AS IV Serial no: 097413 Version no: 532B

TEST RECORD 00637

Temp Date Time 210L

Air Blank: 05/15/24 19:20 .000 Calibration Check: 20 05/15/24 19:20 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Lodation WEST

AS IV Serial no: 097413 Version no: 532B TEST RECORD 00638 Temp Date Time 210L Air Blank: 05/15/24 19:22 .000 Calibration Check: 21 05/15/24 19:22 .098 Subject Name Subject I.D. Operator Name, I.D. DOUPF AS IV Serial no: 097413 Version no: 532B TEST RECORD 00639 Temp Date Time 210L VOID: RFI 12 05/15/24 19:23 Subject Name Subject I.D. Operator Name: I.D. pa 455-



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°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

DANNY E. WEST

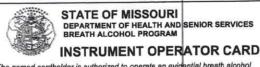
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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. Mike Mason DATE ____11/14/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230254 Daven J. Nichelson EXPIRES 11/14/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri

Operator WEST, DANNY

Permit No

Date Issued 11/14/2023 Date Expires 11/14/2025

