

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ALCO-SENSOR IV WITH PR		
Complete this report in duplicate at the time of t Send copy to Department of Health and Senior S	he regular monthly preventative maintena Services; retain original in department file.	nce check, and whenever instrument is repaired.
ALCO SENSOR IV SN 097413	NAME OF AGENCY CALVERTON PARK	DE 12-2024
LOCATION OF INSTRUMENT (STREET AND CITY) 52 YOUNG DR CALVERTON PARK MO 63	3135	TIME OF INSPECTION
CHECKLIST: Place a mark in the box by each ite where determined.) Unmarked items must be co	m if found to be satisfactory or if operating prected before using instrument.	within established limits. (Write in observed values
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)		
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)		
✓ PRINTER WORKING PROPERLY		
☑ TIME AND DATE DISPLAYING PROPERLY	1	
BREATH ALCOHOL ACCURACY STANDARDS	S	
☑ SIMULATOR SOLUTION	COMPRESSE	D ETHANOL-GAS MIXTURE
STANDARD SUPPLIER GUTH LABS	LOT # 23390	EXP. DATE 10/17/2025
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°	°C) 34.0 SIM. SN SD332	7 SIM. NIST EXP DATE 07/11/2024
less. Check the box corresponding to the standard - MUST READ BI	All three tests must be within ±5% of the s	Standard value and must have a spread of .005 of ATTACHED)  E  E
TEST 1 •	ST 2 6 \$ \$	TEST 3 . 098
☑ RFI DETECTOR OPERATING	70	V
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)		
	(.0509)	(.1519) O (OVER .19) O
List any new parts and describe any alteration		the instrument to operate satisfactorily and within
established limits (use other side if necessary).		
INSPECTING OFFICER		PRINT NAME
SIGNATURE  DA 2-40		PO DAN WEST 206
TYPE I PERMIT NUMBER/EXPIRATION DATE 230254 11/14/2025		TELEPHONE NUMBER (636) 524-1212
Return completed report to the: Breath Alco	ohol Program, MO Department of Health a	and Senior Services, Southeast District Office

by mail, fax, or email.

AS IV Serial no: 097413 Version no: 5328 TEST RECORD 00640 Temp Date Time 210L Air Blank: 06/12/24 20:18 .000 Calibration Check: 19 06/12/24 20:18 .099 Subject Name Subject I.D. Operator Name, I.D. AS IV Serial no: 097413 Version no: 532B TEST RECORD 00641 Temp Date Time 210L Air Blank: 06/12/24 20:20 .000 Calibration Check: 20 06/12/24 20:20 .098 Subject Name Subject I.D. Operator Name, I.D. Location

AS IV Serial no: 097413 Version no: 532B
TEST RECORD 00642
Temp Date Time 210L Air Blank:
06/12/24 20:22 .000 Calibration Check: 21 06/12/24 20:22 .098
Subject Name
Subject I.D.
Operator Name, I.D.
Location
AS IV Serial no: 097413 Version no: 532B
TEST RECORD 00643
Temp Date Time 210L
VOID: RFI 12 06/12/24 20:23
Subject Name
Subject I.D.
Operator Name, I.D.
Location



### 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. Mile Mason

DATE \_\_\_\_11/14/2023

NUMBER 230254

EXPIRES 11/14/2025

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 evid ential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a

WEST, DANNY Operator

230254 Permit No

Date Expires 11/14/2025

