



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 097418	NAME OF AGENCY FERGUSON PD	DATE OF INSPECTION 07-12-2024
LOCATION OF INSTRUMENT (STREET AND CITY) 222 S FLORISSANT RD FERGUSON MO 63135		TIME OF INSPECTION 1500

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) **23°C**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER **GUTH LABS** LOT # **23390** EXP. DATE **10-12-2025**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0** SIM. SN **501224** SIM. NIST EXP DATE **05-06-2025**

- 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 • 102	TEST 2 • 101	TEST 3 • 160
---------------------	---------------------	---------------------

- 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 was out for repairs
1st all checks showed 108 so calibration completed*

INSPECTING OFFICER	
SIGNATURE <i>PO Dan West 206</i>	PRINT NAME PO DAN WEST 206
TYPE II PERMIT NUMBER/EXPIRATION DATE 230254 11/14/2025	TELEPHONE NUMBER 314-522-3100

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: 097418
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00179

Temp Date Time ^{s/} 210L

Air Blank:
07/12/24 15:30 .000
Calibration Check:
22 07/12/24 15:30 .108

Subject Name

Subject I.D.

Operator Name, I.D.

POWERS 206
Location

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00181

Temp Date Time ^{s/} 210L

Air Blank:
07/12/24 15:46 .000
Calibration Check:
25 07/12/24 15:46 .102

Subject Name

Subject I.D.

Operator Name, I.D.

POWERS 206
Location

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00183

Temp Date Time ^{s/} 210L

Air Blank:
07/12/24 15:50 .000
Calibration Check:
27 07/12/24 15:50 .100

Subject Name

Subject I.D.

Operator Name, I.D.

POWERS 206
Location

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00180

Temp Date Time ^{s/} 210L

Air Blank:
07/12/24 15:44 .000
Calibration:
24 07/12/24 15:44 .100

Subject Name

Subject I.D.

Operator Name, I.D.

POWERS 206
Location

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00182

Temp Date Time ^{s/} 210L

Air Blank:
07/12/24 15:48 .000
Calibration Check:
26 07/12/24 15:48 .101

Subject Name

Subject I.D.

Operator Name, I.D.

POWERS 206
Location

AS IV Serial no: 097418
Version no: 532B

TEST RECORD 00185

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/12/24 15:56

Subject Name

Subject I.D.

Operator Name, I.D.

POWERS 206
Location



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

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

2

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.

DATE 11/14/2023

NUMBER 230254

EXPIRES 11/14/2025

MO 580-0771 (6-10)

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator WEST, DANNY
Permit No 230254
Date Issued 11/14/2023 Date Expires 11/14/2025

