



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 099361	NAME OF AGENCY Carroll County Sheriff's Office	DATE OF INSPECTION 11/07/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 106 S. Folger St, Carrollton	TIME OF INSPECTION 2:48 pm
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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 LOT # 24110 EXP. DATE 03/05/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIM. SN MP3879 SIM. NIST EXP DATE 04/22/2025

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 .101

TEST 2 .102

TEST 3 .101

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)	1	(.05-.09)	1	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

Adjust clock for time change

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Brian C. Woods

TYPE II PERMIT NUMBER/EXPIRATION DATE
240133 6/6/2026

TELEPHONE NUMBER
(660) 542-2200

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: 099361
Version no: 532B

TEST RECORD 01157

Temp Date Time ^{9/}21OL

Air Blank:
11/07/24 14:48 .000
Calibration Check:
25 11/07/24 14:48 .101

Subject Name
Test #1
Subject I.D.

Operator Name, I.D.
B.C. Woods, 782
Location

AS IV Serial no: 099361
Version no: 532B

TEST RECORD 01158

Temp Date Time ^{9/}21OL

Air Blank:
11/07/24 14:50 .000
Calibration Check:
25 11/07/24 14:50 .102

Subject Name
Test #2
Subject I.D.

Operator Name, I.D.
B.C. Woods, 782
Location

AS IV Serial no: 099361
Version no: 532B

TEST RECORD 01159

Temp Date Time ^{9/}21OL

Air Blank:
11/07/24 14:52 .000
Calibration Check:
26 11/07/24 14:52 .101

Subject Name
Test #3
Subject I.D.

Operator Name, I.D.
B.C. Woods, 782
Location

AS IV Serial no: 099361
Version no: 532B

TEST RECORD 01160

Temp Date Time ^{9/}21OL

VOID: RFI
12 11/07/24 14:54

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.
B.C. Woods, 782
Location

AS IV Serial no: 099361
Version no: 532B

TEST RECORD 01161

Temp Date Time ^{9/}21OL

Air Blank:
11/07/24 14:55 .000
Subject Test: Auto
27 11/07/24 14:55 .000

Subject Name
Blank Test
Subject I.D.

Operator Name, I.D.
B.C. Woods, 782
Location



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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

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**PERMIT
 TYPE II**

BRIAN C. WOODS

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 6/6/2024

NUMBER 240133

EXPIRES 6/6/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald J. Richardson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

580-0771 (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 WOODS, BRIAN
 Permit No 240133
 Date Issued 6/6/2024 Date Expires 6/6/2026

