

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

REPORT #7

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 NAME OF AGENCY LOCATION OF INSTRUMENT (STREET AND CITY) LOCATION OF INSTRUMENT (STREET AND CITY) TIME OF INSPECTION TIME OF INSPECTION 13 40 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) 22°C						
PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROPE	RLY					
BREATH ALCOHOL ACCURACY STANDA	RDS					
☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER Guth Labs LOT # 23390 EXP. DATE 10/17/25						
SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° C sim. sn 503322 sim. nist exp date $01/23/25$						
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 **	98%	TEST 3 🖛	100%		
AFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)						
REFUSALS (004)	(.05-,09)	(.1014)	(.1519)	(OVER .19)		
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). This trument is appearating within D.D. H. specifications.						
INSPECTING OFFICER				HE WEST AND THE SECOND TO THE		
SIGNATURE A TREE	1		PRINT NAME			
TYPE II PERMIT NUMBER EXPIRATION DATE 230/26 06/14/2	<u> </u>		TELEPHONE MUMBER	1 2 200 24		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office						



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.

	No lo Set Lat No. 162761 Version no: 1328 TEST RECORD 61245	Temp Date Time 2161		11/88/24 13:42 .000 Calibration Check: 22 11/88/24 .2:42 .60		Constructed (10) (10) (10) (10) (10) (10) (10) (10)	Subject I.D.	Operator Name, I.D.	Location	
# (D.	AS IV Serial no: 162461 Version no: 532B	TEST RECORD 01246	Tenp Date Time 218L	Air Blank: 11789/24 13:47 ,888	Calibration Check: 23 11/08/24 13:47 ,098	Same and the same	Subject I.D.	Operator Name, J.D.	Location	
ы. (<u>сс.</u> ,	AS IV Serial no: 182461 Version no: 532B		1.1	nir Biank: 11/88/24 13:49 .008 Calibration Charb:	24 11/88/24 13:49 ,168	School Nate	Subject I. I.	Operator Name, I.D.	Jocation	
#1 	AS IV Serial not 182461 Version not 532B	TEST RECORD 012/08	Tene Date Time 2191	0010: RFI 12 11/88/24 13:51	Sabject Name	Subject I. II.	(Per at or Name, 1 II			of the same of the



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

GREGORY A. 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):

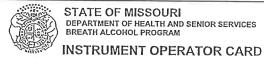
ALCO-SENSOR IV WITH PRINTER

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.

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.	
DATE6/14/2023	Mile Massin
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230126	
EXPIRES 6/14/2025	Davea I. Nichelson
DI	RECTOR 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 air in Missouri.

Operator WEST, GREGORY Permit No 230126

Date Issued 6/14/2023 Date

Date Expires 6/14/2025

