

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT#7

《温淡》				
Complete this report in duplicate at Send copy to Department of Health	the time of the regular montand Senior Services; retain	hly preventative mainten: priginal in department file	ance check, and wher	never inslument is repaired.
ALCO SENSOR IV SN	NAME OF AGENC	Police Dept	12	OF INSPECTION
106 Progress Driv	CITY)	1 1110 63	080 0	DF INSPECTION
CHECKLIST: Place a mark in the bo	x by each item if found to be	satisfactory or if operating	within established limi	its. (Write in observed values
where determined.) Unmarked item  DIGITAL READOUT (ALL ELEI		sing instrument.		
		. 0 .		
TEMPERATURE OF ALCO SE	NSOR (10°C - 40°C) 2	1°C		
PRINTER WORKING PROPER	RLY	•		
TIME AND DATE DISPLAYING				
BREATH ALCOHOL ACCURACY	STANDARDS			
SIMULATOR SOLUTION			D ETHANOL-GAS MI	
STANDARD SUPPLIER 6:	eth habs	_LOT# 23390	EXP. DATE _ <i> Û</i>	11/25
SIMULATOR TEMPERATURE	(34°C ± 0.2°C) 34°C	SIM. SN <u>S D 33 2</u>	2 SIM. NIST E	EXP DATE 01/23/25
CALIBRATION CHECK – (ONL Run three tests using a standa less. Check the box correspond 0.100% STANDARD - MU 0.080% STANDARD - MU 0.040% STANDARD - MU	rd solution. All three tests multing to the standard solution is	ust be within ±5% of the speing used. (PRINTOUT) being used. (PRINTOUT) be and 0.105% INCLUSIV and 0.084% INCLUSIV	standard value and m ATTACHED) E E	ust have a spread of .005 or
TEST 1 = 100%	TEST 2 **	097%	TEST 3 - , /	100%
RFI DETECTOR OPERATING		•		
INDICATE THE NUMBER OF BRE (DO NOT INCLUDE SELF-ADMIN	ISTERED TESTS)	1	1	1
REFUSALS (004) List any new parts and describe a	(.0509) l	(.1014)	(.1519)	(UVEN.19)
List any new parts and describe a established limits (use other side if INS TRUMENT 15	ny alteration or modification necessary).  opera tiny wi	that was made to restore	H. specif	rate sausiacionily and willing from the first from
			a de waraneennochieneen	
INSBEGUNGIORAGER		医电子 经证法 化二次 经营业	PRINT NAME	
Dryvey a	west		GAECAND TELEPHONE NUMBER	A. West
TYPE II PERMIT NUMBER/EXPIRATION DATE 230126	06/14/25			08-8001
Return completed report to the:	Breath Alcohol Program, M by mail, fax, or email.	O Department of Health a	and Senior Services, S	Southeast District Office

AS IV Serial no: 182466 Version no: 532B	TEST RECORD 01562 s/ Temp Date Time 218L	VOID: RFI 12 12/11/24 88:43 Subject Name	Subject I.D.	Operator Name: I.D.	Location		
AS IV Serial no: 182466 Version no: 532B	TEST RECORD 01561 S/ Temp Date Time 210L	Blank: 12/11/24 08:41 . bration Check: 12/11/24 08:41 .	Subject Mame	Subject I.D.	Operator Name: I.D.	Location	
65 IV Serial no: 182466 Version no: 5328	TEST RECORD <b>01560</b> 9/ Tene Date Time 210L	fir Blank: 12/11/24 68:38 .000 Calibration Check: 20 12/11/24 68:38 .099	Subject Name	Subject I.D.	Operator Name, I.D.	Location	
AS IV Serial no: 182466 Version no: 532B	TEST RECORD 01559	Air Blank: 12/11/24 88:35 .000 Calibration Check: 19 12/11/24 08:35 .098	Subject Name	Subject I.D.	Orerator 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

### 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

MO 580-0771 (6-10)

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 Permit No WEST, GREGORY 230126

Date Issued 6/14/2023 Date Expires 6/14/2025

