



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 105446	NAME OF AGENCY LONE JACK PD	DATE OF INSPECTION 10/19/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N BYNUM RD, LONE JACK, MO. 64070		TIME OF INSPECTION 5:27 pm

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	
<input type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIM. SN <u>MP6535</u> SIM. NIST EXP DATE <u>02/01/2025</u>	

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➔ 0.101%	TEST 2 ➔ 0.100%	TEST 3 ➔ 0.100%
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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)	1
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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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME ZACHARY ARGETSINGER
TYPE OF PERMIT NUMBER/EXPIRATION DATE 230098 05/30/2025	TELEPHONE NUMBER (816) 697-2417

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

WJMO Serial no: 185446  
Version no: 5029

TEST RECORD 01145

Test Date Time 2101

Operator Name J.D.

Subject Name Dig Padout

Call Number 18/19/24 12:27 .000

Call Number 18/19/24 12:27 .000

Call Number 18/19/24 12:27 .000

Call Number 18/19/24 12:27 .000

Call Number 18/19/24 12:27 .000

Call Number 18/19/24 12:27 .000

Call Number 18/19/24 12:27 .000

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Call Number 18/19/24 12:27 .000

WJMO Serial no: 185446  
Version no: 5029

TEST RECORD 01152

Test Date Time 2101

Operator Name J.D.

Subject Name Test #1

Call Number 18/19/24 12:47 .002

Call Number 18/19/24 12:47 .002

Call Number 18/19/24 12:47 .002

Call Number 18/19/24 12:47 .002

Call Number 18/19/24 12:47 .002

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Call Number 18/19/24 12:47 .002

WJMO Serial no: 185446  
Version no: 5029

TEST RECORD 01153

Test Date Time 2101

Operator Name J.D.

Subject Name Test #2

Call Number 18/19/24 12:45 .006

Call Number 18/19/24 12:45 .006

Call Number 18/19/24 12:45 .006

Call Number 18/19/24 12:45 .006

Call Number 18/19/24 12:45 .006

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Call Number 18/19/24 12:45 .006

WJMO Serial no: 185446  
Version no: 5029

TEST RECORD 01153

Test Date Time 2101

Operator Name J.D.

Subject Name Test #3

Call Number 18/19/24 12:51 .000

Call Number 18/19/24 12:51 .000

Call Number 18/19/24 12:51 .000

Call Number 18/19/24 12:51 .000

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Call Number 18/19/24 12:51 .000

WJMO Serial no: 185446  
Version no: 5029

TEST RECORD 01152

Test Date Time 2101

Valid: RTT  
12/18/19/24 12:37

Subject Name  
RFI Test  
Subject I.D.

Operator Name: J.D.  
Argetsinger 230098  
LSPD

**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-8470

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**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**

**ZACHARY A. ARGETSINGER**

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 5/30/2023

NUMBER 230098

EXPIRES 5/30/2025

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 ARGETSINGER, ZACHARY  
Permit No 230098  
Date Issued 5/30/2023 Date Expires 5/30/2025

