

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

THE PERSON NAMED IN COLUMN TO THE PE							REPORT #
Complete this report in duplicate at the time Send copy to Department of Health and Sen	of the regular monthly ior Services; retain origi	preventative nal in departi	mainten ment file	ance check, a	nd whene	ver instrument is	s repaired.
LCO SENSOR IV SN 105448 / Printer 09B.3591.016 NAME OF AGENCY Clinton P.D.				DATE OF INSPECTION			
105448 / Printer 09B.3591.016 Clinton P.D.				5/10/2024			
101 East Ohio Street, Clinton, MO 64735				TIME OF INSPECTION 11:17 a.m.			
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be	n item if found to be satis e corrected before using	factory or if o	perating	within establi	shed limits	. (Write in obser	ved values
DIGITAL READOUT (ALL ELEMENTS C		mon dimonit					
TEMPERATURE OF ALCO SENSOR (1	0°C - 40°C)						
PRINTER WORKING PROPERLY							
TIME AND DATE DISPLAYING PROPE					,		
BREATH ALCOHOL ACCURACY STANDA	RDS	1000 H					
SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER Guth Labor	0	EXP. DATE 10/17/2025					
✓ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD3509 SIM. NIST EXP DATE 08/08					/2024		
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	y used. (PRIN d 0.105% IN(d 0.084% IN(ITOUT A CLUSIVE CLUSIVE	ATTACHED) E E	and musi	mave a spread	01 .003 01
TEST 1100	TEST 2 099			TEST 3 ▼ .099			
▼RFI DETECTOR OPERATING							
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWIN TESTS)	G RANGES	SINCE	THE LAST MA	AINTENAN	NCE REPORT:	
REFUSALS 0 (004) 0	(.0509)	(.1014)	0	(.1519)	0	(OVER .19)	0
List any new parts and describe any alteration established limits (use other side if necessary	on or modification that v	vas made to	restore	the instrumen	t to opera	te satisfactorily	and within
INSPECTING OFFICER SIGNATURE							
Mulle				Michael Nelson			
TYPE II PERMIT NUMBER/EXPIRATION DATE 220186 / 07-22-2024				TELEPHONE NUMBER (660) 885-2679			
Return completed report to the: Breath A	lcohol Program, MO De fax, or email.	partment of H	lealth ar	nd Senior Serv	vices, Sou	theast District O	ffice

AS IV Serial no: 105448 Version no: 532B

TEST RECORD 01887

Temp Date Time 210L

Air Blank: 05/10/24 11:17 .000 Calibration Check: 23 05/10/24 11:17 .100

Subject Name
TEST #/

Subject I.D.

Operator Name, I.D.

M. NEISON #220186

Location

Clinton P.D. 101 E. Ohio St. Clinton, MO 6473 AS IV Serial no: 105448 Version no: 532B

TEST RECORD 01888

Temp Date Time 210L

Air Blank: 05/10/24 11:19 .000 Calibration Check: 23 05/10/24 11:19 .099

Subject Name #

Subject I.D.

NIA

Operator Name, I.D.

M, NEISON #220186

Location

Clinton P.D. 101 E.OK.O St. Clinton, MO 64735 AS IV Serial no: 105448 Version no: 532B

TEST RECORD 01889

Temp Date Time 210L

Air Blank:

05/10/24 11:22 .000

Calibration Check: 24 05/10/24 11:22 .099

Subject Name

TECT #

Subject I.D.

NAA

Operator Name, I.D.

M. NElson #220 186

Location

Clinton P.D.

101 E. Oh.o St.

Clinton, MO 64735

AS IV Serial no: 105448 Version no: 532B

TEST RECORD 01890

Temp Date Time 210L

VOID: RFI 12 05/10/24 11:23

Subject Name

KFI

Subject I.D.

Operator Name, I.D.

M. NElson # 220186

Location

Clinton P.D. 101 E. Ohio St.

CIINTON, MO 64735

AS IV Serial no: 105448 Version no: 532B

TEST RECORD 01891

Temp Date Time 210L

Air Blank:

05/10/24 11:25 .000

Subject Test: Auto

25 05/10/24 11:25 .000

Subject Name

SEIF TEST

Subject I.D.

NIA

Operator Name, I.D.

M, NESON #220186

Location

Clinton P.D.

101 E. Ohio St.

Clinton, MO 64735



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.



MO 680-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPEI

MICHAEL S. NELSON

is hereby authorized to instruct and supervise operators, train in and operate the following breath analyzer(s): ALCO-SENSOR IV	WITH PRINTER
for the determination of the alcoholic content of blood from a sam 577.020 through 577.041, RSMo and 306.111 through 306.119 f	ple of expired air. Permit issued under the provisions of sections RSMo. Mile Magazza
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 220186	Davla I. New Bollson
EXPIRES 7/22/2024	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



STATE OF MISSOURI O LATE OF MIGGOURI 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 a

NELSON, MICHAEL Operator NELSON, MICHAEL
Permit No 220186
Date Issued 7/22/2022 Date Expires 7/22/2024

