



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 <b>105448 / Printer 09B.3591.016</b>	NAME OF AGENCY <b>Clinton P.D.</b>	DATE OF INSPECTION <b>10/12/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>101 East Ohio Street, Clinton, MO 64735</b>		TIME OF INSPECTION <b>5:15 a.m.</b>

**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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories, Inc.</u>	LOT # <u>23390</u>	EXP. DATE <u>10/17/2025</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD3509</u>	SIM. NIST EXP DATE <u>08/07/2025</u>
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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 ← <b>.101</b>	TEST 2 ← <b>.100</b>	TEST 3 ← <b>.100</b>
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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 <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
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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).

*N/A*

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Michael Nelson</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240137 / 06-14-2026</b>	TELEPHONE NUMBER <b>( 660 ) 885-2679</b>
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**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: 105448  
Version no: 532B

TEST RECORD 01959

Temp	Date	Time	s/	210L
Air Blank:				
10/12/24 05:15 .000				
Calibration Check:				
22 10/12/24 05:15 .101				

Subject Name  
TEST 1

Subject I.D.  
N/A

Operator Name, I.D.  
M. NELSON #240137

Location  
Clinton P.D.

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01960

Temp	Date	Time	s/	210L
Air Blank:				
10/12/24 05:17 .000				
Calibration Check:				
23 10/12/24 05:17 .100				

Subject Name  
TEST 2

Subject I.D.  
N/A

Operator Name, I.D.  
M. NELSON #240137

Location  
Clinton P.D.

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01961

Temp	Date	Time	s/	210L
Air Blank:				
10/12/24 05:19 .000				
Calibration Check:				
24 10/12/24 05:19 .100				

Subject Name  
TEST 3

Subject I.D.  
N/A

Operator Name, I.D.  
M. NELSON #240137

Location  
Clinton P.D.

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01962

Temp	Date	Time	s/	210L
VOID: RFI				
12 10/12/24 05:21				

Subject Name  
RFI

Subject I.D.  
N/A

Operator Name, I.D.  
M. NELSON #240137

Location  
Clinton P.D.

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01963

Temp	Date	Time	s/	210L
Air Blank:				
10/12/24 05:23 .000				
Subject Test: Auto				
25 10/12/24 05:23 .000				

Subject Name  
SELF TEST

Subject I.D.  
N/A

Operator Name, I.D.  
M. NELSON #240137

Location  
Clinton P.D.

101 E. Ohio St.

Clinton, MO 64735



# GUTH LABORATORIES, INC.

690 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 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

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**PERMIT**  
**TYPE II**  
**MICHAEL S. NELSON**

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 6/14/2024

NUMBER 240137

EXPIRES 6/14/2026

*Mike Masoma*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

**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** NELSON, MICHAEL  
**Permit No** 240137  
**Date Issued** 6/14/2024 **Date Expires** 6/14/2026

