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By Tracy Crews at 7:57 am, Nov 14, 2024



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 105448 / Printer 09B.3591.016	NAME OF AGENCY Clinton P.D.	DATE OF INSPECTION 11/13/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 101 East Ohio Street, Clinton, MO 64735		TIME OF INSPECTION 11:19 a.m.

**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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories, Inc. LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD3509 SIM. NIST EXP DATE 08/07/2025

- 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 $\blackleft$ <u>.098</u>	TEST 2 $\blackleft$ <u>.098</u>	TEST 3 $\blackleft$ <u>.097</u>
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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	<u>0</u>	(0-.04)	<u>2</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>0</u>
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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).

*Time changed from for Daylight Savings time*

**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 01966

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/13/24 11:19 .000  
Calibration Check:  
23 11/13/24 11:19 .098

Subject Name  
TEST #1

Subject I.D.  
N/A

Operator Name, I.D.

Clinton P.D.  
Location

M. Nelson # 240137

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01967

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/13/24 11:21 .000  
Calibration Check:  
24 11/13/24 11:21 .098

Subject Name  
TEST #2

Subject I.D.  
N/A

Operator Name, I.D.

Clinton P.D.  
Location

M. Nelson # 240137

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01968

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/13/24 11:23 .000  
Calibration Check:  
24 11/13/24 11:23 .097

Subject Name  
TEST #3

Subject I.D.  
N/A

Operator Name, I.D.

Clinton P.D.  
Location

M. Nelson # 240137

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01969

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 11/13/24 11:24

Subject Name  
RFI

Subject I.D.  
N/A

Operator Name, I.D.

Clinton P.D.  
Location

M. Nelson # 240137

101 E. Ohio St.

Clinton, MO 64735

AS IV Serial no: 105448  
Version no: 532B

TEST RECORD 01970

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
11/13/24 11:25 .000  
Subject Test: Auto  
25 11/13/24 11:25 .000

Subject Name  
SELF TEST

Subject I.D.  
N/A

Operator Name, I.D.

Clinton P.D.  
Location

M. Nelson # 240137

101 E. Ohio St.

Clinton, MO 64735



# GUTH LABORATORIES, INC.

590 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

MO 580-0771 (6-10)

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

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

