



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 10541	NAME OF AGENCY BRECKENRIDGE HILLS POLICE DEPT	DATE OF INSPECTION 12/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 9623 ST CHARLES ROCK RD, ST LOUIS, MO 63114		TIME OF INSPECTION 7:03 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.

- 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 LABS LOT # 24310 EXP. DATE 08/28/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____

- 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 ➡ 0.103	TEST 2 ➡ 0.102	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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 NATHAN MULLINS
TYPE II PERMIT NUMBER/EXPIRATION DATE 240195 2/29/2026	TELEPHONE NUMBER (314) 426-1214

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: 105451
Version no: 532B

TEST RECORD 01803

Temp	Date	Time	g/ 210L
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Air Blank:
12/06/24 19:33 .000
Calibration Check:
23 12/06/24 19:33 .103

Subject Name

TEST 1

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114

AS IV Serial no: 105451
Version no: 532B

TEST RECORD 01804

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:
12/06/24 19:35 .000
Calibration Check:
25 12/06/24 19:35 .102

Subject Name

TEST 2

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114

AS IV Serial no: 105451
Version no: 532B

TEST RECORD 01805

Temp	Date	Time	g/ 210L
------	------	------	------------

Air Blank:
12/06/24 19:37 .000
Calibration Check:
26 12/06/24 19:37 .100

Subject Name

TEST 3

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114

AS IV Serial no: 105451
Version no: 532B

TEST RECORD 01806

Temp	Date	Time	g/ 210L
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VOID: REI
12 12/06/24 19:39

Subject Name

TEST REI

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114

AS IV Serial no: 105451
Version no: 532B

TEST RECORD 01803

Temp	Date	Time	a/ 210L
------	------	------	------------

Air Blank:
12/06/24 19:33 .000
Calibration Check:
23 12/06/24 19:33 .103

Subject Name

TEST 1

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114

AS IV Serial no: 105451
Version no: 532B

TEST RECORD 01804

Temp	Date	Time	a/ 210L
------	------	------	------------

Air Blank:
12/06/24 19:35 .000
Calibration Check:
25 12/06/24 19:35 .102

Subject Name

TEST 2

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114

AS IV Serial no: 105451
Version no: 532B

TEST RECORD 01805

Temp	Date	Time	a/ 210L
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Air Blank:
12/06/24 19:37 .000
Calibration Check:
26 12/06/24 19:37 .100

Subject Name

TEST 3

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114

AS IV Serial no: 105451
Version no: 532B

TEST RECORD 01806

Temp	Date	Time	a/ 210L
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VOID: RFI
12 12/06/24 19:39

Subject Name

TEST RFI

Subject I.D.

N/A

Operator Name, I.D.

MULLINS 309

Location

9623 MO-180

ST LOUIS, MO 63114



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 **24310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 28, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 27, 2026** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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
NATHAN MULLINS

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 8/29/2024

NUMBER 240195

EXPIRES 8/29/2026

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

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 MULLINS, NATHAN
 Permit No 240195
 Date Issued 8/29/2024 Date Expires 8/29/2026

