





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 a	t the time of	of the regular monthly	preventative mainten	ance check, and when	ever instrument is repaired.	
Send copy to Department of Health	and Senio	or Services; retain orig	inal in department file			
ALCO SENSOR IV SN 107979		NAME OF AGENCY Missouri S	tate Highway Pa		F INSPECTION 15/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 27821 RT-7 S, Harrisonville, MO 64701				TIME OF	INSPECTION	
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	STANDAR	DS				
✓ SIMULATOR SOLUTION COMPRESS				ED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER Guth Laboratories, Inc. LOT # 23390				EXP. DATE 10/17/2025		
SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2216				SIM. NIST EXP DATE11/28/2024		
less. Check the box correspond 0.100% STANDARD - MUS 0.080% STANDARD - MUS 0.040% STANDARD - MUS	ST READ E	BETWEEN 0.095% and BETWEEN 0.076% and	d 0.105% INCLUSIVE d 0.084% INCLUSIVE			
TEST 1098		TEST 2 ▼ .097		TEST 3 ▼ .097		
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 (004) ((.0509) 0	(.1014) 1	(.1519) 0	(OVER .19) 0	
List any new parts and describe an established limits (use other side if r	y alteratior necessary)	n or modification that v	vas made to restore t	he instrument to opera	te satisfactorily and within	
INSPECTING OFFICER SIGNATURE / // #1345			NAME OF TAXABLE PARTY.	PRINT NAME	Charles and Charles	
· Mist				Cpl. W.J. Luzenko #1340		
TYPE II PERMY NUMBER/EXPIRATION DATE 240141 / 6/21/2026				TELEPHONE NUMBER (816) 622-0800		
		ohol Program, MO Dep x, or email.	partment of Health an	d Senior Services, Sou	theast District Office	

AS IV Serial no: 107979 Version no: 5328

TEST RECORD 00756

Temp Date Time 210L

Air Blank:
 09/15/24 12:14 .000

Calibration Check:
 23 09/15/24 12:14 .098

Subject Name
Subject I.D.

Operator Name. I.D. Cpl. W.J. Wzenko (240141) Location Cass County Zare Office

AS IV Serial no: 107979 Version no: 532B

TEST RECORD 00758

Temp Date Time 210L

Air Blank:
 09/15/24 12:17 .000

Calibration Check:
 24 09/15/24 12:17 .097

Subject Name

Maint Test #3
Subject 1.D.

Operator Name, I.D.
Cpl, W.J., Luzenko (240141)
Location
Coss County Zone Office

AS IV Serial no: 107979 Version no: 5328

TEST RECORD 00757

Maint Test #2 Subject 1.D.

Operator Name. I.D.
Col.W.J. Wzenk (240141)
Location
Cass County Zone Office

AS IV Serial no: 107979 Version no: 532B

TEST RECORD 00759

9/
Temp Date Time 210L

VOID: RFI
12 09/15/24 12:18

Subject Name

RFI Test
Subject I.D.

Operator Name. 1.D.
Cpl. W.S. Luzen's (240141)
Location
Cass Canty Zore office



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 XI. 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 Traccability:

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 WALTER J. LUZENKO

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, INTOX DMT

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

6/21/2024

NUMBER 240141

EXPIRES 6/21/2026

Market and the transfer

DIRECTOR OF STATE PUBLIC HEALT I LABORATORY

Mile Mason -

Davla I McCoolson

DIRECTOR OF DEPARTMENT OF HEALT HAND SENIOR SERVICES.

