



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>107987</b>	NAME OF AGENCY <b>NIXA POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>08/21/2024</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>715 W CENTER CIRCLE NIXA MO (NIXA POLICE DEPARTMENT)</b>		TIME OF INSPECTION <b>0416</b>

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u>	390 EXP. DATE <u>10/17/2025</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u>	5537 SIM. NIST EXP DATE <u>07/17/2025</u>

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	(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).

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**INSPECTING OFFICER**

SIGNATURE <i>R Seiner</i>	PRINT NAME <b>Sgt R Seiner</b>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220217 09/02/2024</b>	TELEPHONE NUMBER <b>( 417 ) 725-2510</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.

**RECEIVED**  
 By Tracy Crews at 10:21 am, Aug 21, 2024

# Nixa Police Department

## Calibration Check slip's

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02223

Temp	Date	Time	s/ 210L
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Air Blank:  
08/21/24 04:20 .000  
Calibration Check:  
25 08/21/24 04:20 .101

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

SEINER

Location

NIXA PD

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02224

Temp	Date	Time	s/ 210L
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Air Blank:  
08/21/24 04:21 .000  
Calibration Check:  
25 08/21/24 04:21 .100

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

SEINER

Location

NIXA PD

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02225

Temp	Date	Time	s/ 210L
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Air Blank:  
08/21/24 04:23 .000  
Calibration Check:  
26 08/21/24 04:23 .100

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

SEINER

Location

NIXA PD

# Nixa Police Department

## Blank (Zero) test Evidence slip

AS IV Serial no: 107987 Version no: 532B			
TEST RECORD 02220			
Temp	Date	Time	s/ 210L
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Air Blank:			
	08/21/24	04:16	.000
Subject Test: Auto			
23	08/21/24	04:16	.000
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Subject Name			
BLANK			
-----			
Subject I.D.			
-----			
Operator Name, I.D.			
SEINER			
-----			
Location			
NIXA PD			
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# Nixa Police Department

## RFI Evidence slip

AS IU Serial no: 187987  
Version no: 532B

TEST RECORD 02221

Temp Date Time 210L  
s/

VOID: RFI  
12 08/21/24 04:16

Subject Name

RFI TEST

Subject I.D.

123456

Operator Name, I.D.

SEINER

Location

NIXA PD

123456



# 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

2

**PERMIT  
 TYPE II**

**ROBERT A. SEINER**

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 9/2/2022

NUMBER 220217

EXPIRES 9/2/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 SEINER, ROBERT  
 Permit No 220217  
 Date Issued 9/2/2022 Date Expires 9/2/2024

