





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 Send copy to Department of Health and Senio				wheneve	er instrument is i	epaired.
ALCO SENSOR IV SN 108267				DATE OF INSPECTION 06/01/1014		
LOCATION OF INSTRUMENT (STREET AND CITY) 504 SE Blue Parkway, Lee's Summit, Missouri. 64063				TIME OF INSPECTION 10:05 pm		
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be			within establishe	ed limits. ((Write in observe	d values
☑ 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 Laborotories INC LOT # 23180 EXP. DATE 05/17/2025						
☑ SIMULATOR TEMPERATURE (34°C ± 0.	.2°C)34.00 SIM	и. SNMP220	6 SIM. N	IST EXP	DATE 11/27/2	024
 ✓ 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 ▼ .099	TEST 2 ▼ .099		TEST 3 .101			
☑ 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) 0	(.0509) 2	(.1014) 5	(.1519)	2	(OVER .19)	4
List any new parts and describe any alteration established limits (use other side if necessary calibration performed at .100 standard adjust time replace 9v battery		vas made to restore	the instrument to	o operate	satisfactorily ar	d within
INSPECTING OFFICER						
SIGNATURE VOLUMENT.	Cons		PRINT NAME Tpr. D.T. Crai	g #561		
TYPE II PERMIT NUMBER/EXPIRATION DATE 230044 03/27/2024			(816) 622-080			
Return completed report to the: Breath Alc by mail, fa	cohol Program, MO Depax, or email.	partment of Health ar	nd Senior Service	es, South	east District Office	ce

AS IU Serial no: 108267 Version no: 532B

TEST RECORD 00430

210L Date Time Temp

Air Black.

06/01/24 22:49 .000 Calibration Check:

27 06/01/24 22:49 .099

Subject I.D.

Operator Name, I.D.

AS IV Serial no: 108267 Version no: 532B

TEST RECORD 00431

9/ Temp Date Time 210L

Air Blank:

06/01/24 22:51 .000

Calibration Check: 27 06/01/24 22:51 .099

Subject Name

Subject I.D.

erator Name: I.D.

AS IV Serial Mo: 108267 Version no: \$32B

TEST RECORD 00432

Time 210L Date

Air Blank:

06/01/24 22:53 .000

Calibration Check: 28 06/01/24 22:53 .101

Subject Name

Subject I.D.

Operator Name, I.D.



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



PERMIT TYPE II DAVID T. CRAIG

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

EXPIRES 3/27/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Davea J. Nichelson

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 CRAIG, DAVID Permit No 230044

Date Issued 3/27/2023 Date Expires 3/27/2025

