



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 11327	NAME OF AGENCY Lawson PD	DATE OF INSPECTION 09/01/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 104 W 3rd ST Lawson, MO 64062	TIME OF INSPECTION 2:00 am
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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

RECEIVED

By Tracy Crews at 8:17 am, Sep 03, 2024

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Labs LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR5392 SIM. NIST EXP DATE 03/29/2025

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 .098

TEST 2 .098

TEST 3 .098

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).

Adjusted clock 3 minutes slow

INSPECTING OFFICER

SIGNATURE

PRINT NAME
SgtShawnFields

TYPE II PERMIT NUMBER/EXPIRATION DATE
22027412/21/2024

TELEPHONE NUMBER
(816) 580-7210

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: 111327
Version no: 532B

TEST RECORD 00920

Temp Date Time ^{s/} 210L

Air Blank:
09/01/24 02:39 .000
Calibration Check:
20 09/01/24 02:39 .098

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

Fields, Shawn 201

Location

Lawson PD

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00921

Temp Date Time ^{s/} 210L

Air Blank:
09/01/24 02:41 .000
Calibration Check:
21 09/01/24 02:41 .098

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

Fields, Shawn 201

Location

Lawson PD

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00922

Temp Date Time ^{s/} 210L

Air Blank:
09/01/24 02:42 .000
Calibration Check:
21 09/01/24 02:42 .098

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

Fields, Shawn 201

Location

Lawson PD

AS IV Serial no: 111327
Version no: 532B

TEST RECORD 00923

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/01/24 02:43

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

Fields, Shawn 201

Location

Lawson PD



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
SHAWN FIELDS

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 12/21/2022

NUMBER 220274

EXPIRES 12/21/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 **FIELDS, SHAWN**
 Permit No **220274**
 Date issued **12/21/2022** Date Expires **12/21/2024**





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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.