



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 111329	NAME OF AGENCY MSHP	DATE OF INSPECTION 11/20/2024
LOCATION OF INSTRUMENT (STREET AND CITY) GRAND AVENUE, CARTHAGE MO		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 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) 34.00 SIM. SN MP2465 SIM. NIST EXP DATE 12/05/2024

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 ← .102

TEST 2 ← .102

TEST 3 ← .103

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) 3 | (.15-.19) | (OVER .19)

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).

CALIBRATION PERFORMED.
TIME CORRECTED DUE TO TIME CHANGE.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME TPR. L. H. CROWE
TYPE II PERMIT NUMBER/EXPIRATION DATE 240218 10/16/2026	TELEPHONE NUMBER (417) 895-6868

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: 111329
Version no: 532B

TEST RECORD 00942

Temp Date Time 210L ^{9/}

Air Blank: 11/20/24 10:10 .000

Calibration: 25 11/20/24 10:10 .100

Subject Name

CAL

Subject I.D.

201

Operator Name, I.D.

TPR. L. H. CROWE

Location

5190 S. GRAND

AVE. CARTHAGE, MO

AS IV Serial no: 111329
Version no: 532B

TEST RECORD 00944

Temp Date Time 210L ^{9/}

Air Blank: 11/20/24 10:20 .000

Calibration Check: 25 11/20/24 10:20 .102

Subject Name

ACC 1

Subject I.D.

201

Operator Name, I.D.

TPR. L. H. CROWE

Location

5190 S. GRAND AVE.

CARTHAGE, MO

AS IV Serial no: 111329
Version no: 532B

TEST RECORD 00945

Temp Date Time 210L ^{9/}

Air Blank: 11/20/24 09:25 .000

Calibration Check: 26 11/20/24 09:25 .102

Subject Name

ACC 2

Subject I.D.

201

Operator Name, I.D.

TPR. L. H. CROWE

Location

5190 S. GRAND AVE

CARTHAGE, MO

AS IV Serial no: 111329
Version no: 532B

TEST RECORD 00946

Temp Date Time 210L ^{9/}

Air Blank: 11/20/24 09:27 .000

Calibration Check: 26 11/20/24 09:27 .103

Subject Name

ACC 3

Subject I.D.

201

Operator Name, I.D.

TPR. L. H. CROWE

Location

5190 S. GRAND AVE.

CARTHAGE, MO

AS IV Serial no: 111329
Version no: 532B

TEST RECORD 00947

Temp Date Time 210L ^{9/}

VOID: RFI
12 11/20/24 09:31

Subject Name

RFI

Subject I.D.

201

Operator Name, I.D.

TPR. L. H. CROWE

Location

5190 S. GRAND AVE.

CARTHAGE, MO



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.



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

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PERMIT
TYPE II
LEVI H. CROWE

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 10/16/2024

NUMBER 240218

EXPIRES 10/16/2026

Adam J. Kubi

DIRECTOR STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

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 CROWE, LEVI
Permit No 240218
Date Issued 10/16/2024 Date Expires 10/16/2026

