



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 111641	NAME OF AGENCY Kirksville Police Dept.	DATE OF INSPECTION 05/19/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson Kirksville		TIME OF INSPECTION 11:19 pm

**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 # 22430 EXP. DATE 11/30/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIM. SN MP3570 SIM. NIST EXP DATE 04/25/2025

- 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  .103	TEST 2  .103	TEST 3  .102
--------------	--------------	--------------

- 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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Juan Chairez
---------------	----------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 220163 EXP. 6-24-2024	TELEPHONE NUMBER (660) 785-6945
--	------------------------------------

**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: 111641  
Version no: 532B

TEST RECORD 00066

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/19/24 23:19 .000  
Calibration Check:  
22 05/19/24 23:19 .103

Subject Name

Test 1

Subject I.D.

Test 1

Operator Name, I.D.

QC 220163  
EXP 6-24-24

Location

119 E McPherson

Kirkville Mo 63501

AS IV Serial no: 111641  
Version no: 532B

TEST RECORD 00067

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/19/24 23:22 .000  
Calibration Check:  
23 05/19/24 23:22 .103

Subject Name

Test 2

Subject I.D.

Test 2

Operator Name, I.D.

QC 220163  
EXP 6-24-24

Location

119 E McPherson

Kirkville Mo 63501

AS IV Serial no: 111641  
Version no: 532B

TEST RECORD 00068

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
05/19/24 23:25 .000  
Calibration Check:  
24 05/19/24 23:25 .102

Subject Name

Test 3

Subject I.D.

Test 3

Operator Name, I.D.

QC 220163  
EXP 6-24-24

Location

119 E McPherson

Kirkville Mo 63501

AS IV Serial no: 111641  
Version no: 532B

TEST RECORD 00069

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 05/19/24 23:28

Subject Name

RFI Test

Subject I.D.

RFI Test

Operator Name, I.D.

QC 220163  
EXP 6-24-24

Location

119 E McPherson

Kirkville Mo 63501



## 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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 2024** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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 **FN03052002** 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

JUAN B. CHAIREZ

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 6/24/2022

NUMBER 220163

EXPIRES 6/24/2024

MO 950-0771 (4-10)

*Mike Mazzoni*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David J. Richards*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1 (10/10)

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

INSTRUMENT OPERATOR CARD

The permit cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath from an expired air in Missouri.

Operator: CHAIREZ, JUAN  
Permit No: 220163  
Date Issued 6/24/2022 Date Expires 6/24/2024

