



RECEIVED

By Tracy Crews at 7:32 am, Jul 30, 2024

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 PD	DATE OF INSPECTION 07/24/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E Mcpherson, Kirksville MO 63501		TIME OF INSPECTION 2:41 am

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 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 .104

TEST 2 .103

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

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Juan Chairez

TYPE II PERMIT NUMBER/EXPIRATION DATE
240147 EXP 7-3-2026

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 00090

Temp Date Time ^{s/} 210L

Air Blank:
07/24/24 02:41 .000
Calibration Check:
22 07/24/24 02:41 .104

Subject Name

Test 1

Subject I.D.

Test 1

Operator Name, I.D.

QC 240147
7-3-2026

Location

119 E McPherson

Kirkville mo 67501

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00091

Temp Date Time ^{s/} 210L

Air Blank:
07/24/24 02:43 .000
Calibration Check:
23 07/24/24 02:43 .103

Subject Name

Test 2

Subject I.D.

Test 2

Operator Name, I.D.

QC 240147
7-3-2026

Location

119 E McPherson

Kirkville mo 67501

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00092

Temp Date Time ^{s/} 210L

Air Blank:
07/24/24 02:46 .000
Calibration Check:
24 07/24/24 02:46 .103

Subject Name

Test 3

Subject I.D.

Test 3

Operator Name, I.D.

QC 240147
7-3-2026

Location

119 E McPherson

Kirkville mo 67501

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00093

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/24/24 02:50

Subject Name

RFI

Subject I.D.

RFI 240147
7-3-2026

Operator Name, I.D.

QC 240147
7-3-2026

Location

119 E McPherson

Kirkville mo 67501



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 7/3/2024

NUMBER 240147

EXPIRES 7/3/2026

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 CHAIREZ, JUAN
Permit No 240147
Date Issued 7/3/2024 **Date Expires** 7/3/2026

