



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE

RECEIVED

By Tracy Crews at 9:49 am, Aug 21, 2024

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventive 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 111656 | NAME OF AGENCY SENECA POLICE DEPARTMENT | DATE OF INSPECTION 08/19/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 517 ONEIDA ST. SENECA MO 64865 | | TIME OF INSPECTION 2:48 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.

| | |
|--|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) | |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) | |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY | |
| <input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY | |

BREATH ALCOHOL ACCURACY STANDARDS

| | |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIM. SN <u>MP 2851</u> SIM. NIST EXP DATE <u>08/01/2025</u> | |

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)

| |
|---|
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE |

| | | |
|--------------|--------------|--------------|
| TEST 1 .102 | TEST 2 .102 | 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 WILLIAM HOUSLEY II |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230168 08/07/2025 | TELEPHONE NUMBER (417) 776-2723 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

IV Serial no: 111656
Version no: 532B

IV Serial no: 111656
Version no: 532B

IV Serial no: 111656
Version no: 532B

TEST RECORD 00110

TEST RECORD 00111

TEST RECORD 00112

MP Date Time ^{g/} 210L

Temp Date Time ^{g/} 210L

Temp Date Time ^{g/} 210L

Air Blank:
08/19/24 14:48 .000
Calibration Check:
08/19/24 14:48 .102

Air Blank:
08/19/24 14:50 .000
Calibration Check:
08/19/24 14:50 .102

Air Blank:
08/19/24 14:51 .000
Calibration Check:
08/19/24 14:51 .102

Subject Name

Subject Name

Subject Name

Test.

Test

Test.

Subject I.D.

Subject I.D.

Subject I.D.

Test 2

Test 2

Test 3

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

J. Housley 230168

W. Housley 230168

W. Housley 230168

Location

517 Orinda St

517 Orinda St.

517 Orinda St.

Sereca Mo 64865

Sereca Mo 64865

Sereca Mo 64865

IV Serial no: 111656
Version no: 532B

TEST RECORD 00110

Temp Date Time ^{g/} 210L

Air Blank:
08/19/24 14:52

Test

RFI Test

W. Housley 230168

517 Orinda St.

Sereca Mo 64865



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

WILLIAM J. HOUSLEY II

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 8/7/2023

Mike Mason

NUMBER 230168

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 8/7/2025

Paula J. Nicholson

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 HOUSLEY II, WILLIAM
Permit No 230168
Date Issued 8/7/2023 Date Expires 8/7/2025

