



**RECEIVED**

By Tracy Crews at 12:03 pm, Aug 09, 2024

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 111672	PRINTER SN 09B.3589.499	DATE OF INSPECTION 06/07/2024
LOCATION OF INSTRUMENT (STREET AND CITY) Zone 21 Office - Port of Kimberling Hotel - Kimberling City, MO		TIME OF INSPECTION 9:00 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 Repco Marketing Inc. LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIMULATOR SN MP2307 SIMULATOR 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 .101

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).

This instrument is operating within Dept. of Health standards. .10 Solution used.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Mark D. Green

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230166 08-07-2025

TELEPHONE NUMBER  
(417) 895-6868

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



# 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  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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 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.*

AS IV Serial no: 111672  
Version no: 532B

TEST RECORD 00064 s/  
Temp Date Time 210L

Air Blank: 06/07/24 09:47 .000  
Calibration Check: 24 06/07/24 09:47 .101

Subject Name M Green  
Subject I.D. 940

Operator Name, I.D. M Green  
Location Zone Office

Maintaining Maint

AS IV Serial no: 111672  
Version no: 532B

TEST RECORD 00063 s/  
Temp Date Time 210L

Air Blank: 06/07/24 09:46 .000  
Calibration Check: 23 06/07/24 09:46 .102

Subject Name M Green  
Subject I.D. 940

Operator Name, I.D. M Green  
Location Zone Office

Maintaining Maint

AS IV Serial no: 111672  
Version no: 532B

TEST RECORD - REPRINT  
TEST RECORD 00062 s/

Temp Date Time 210L  
Air Blank: 06/07/24 09:41 .000

Calibration Check: 21 06/07/24 09:41 .102

Subject Name M Green  
Subject I.D. 940

Operator Name, I.D. M Green  
Location Zone Office

Maintaining Maint



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

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**PERMIT**  
**TYPE II**  
**MARK D. GREEN**

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 Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230166

*Dave J. Nickelson*

EXPIRES 8/7/2025

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** GREEN, MARK  
**Permit No** 230166  
**Date Issued** 8/7/2023    **Date Expires** 8/7/2025

