

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SER STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 12:04 pm, Aug 06, 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 111774	NAME OF AGENCY Carroll County Sheriff's Office		DATE OF 08/03/2	INSPECTION 2024				
LOCATION OF INSTRUMENT (STREET AND CITY) 106 S. Folger St, Carrollton			TIME OF I 5:45 ar	NSPECTION n				
CHECKLIST: Place a mark in the box by each ite where determined.) Unmarked items must be or			within established limits.	(Write in observed values				
☑ DIGITAL READOUT (ALL ELEMENTS OPE								
☐ TEMPERATURE OF ALCO SENSOR (10°C	C - 40°C)							
PRINTER WORKING PROPERLY			•					
☑ TIME AND DATE DISPLAYING PROPERL'	Υ	111						
BREATH ALCOHOL ACCURACY STANDARD	S							
Z SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE								
STANDARD SUPPLIER Guth Labs	s LOT # 23390 EXP. DATE 10/17/2025							
SIMULATOR TEMPERATURE (34°C ± 0.2°	PC) <u>34.02</u> SIM.	SNMP3879	SIM. NIST EXF	P DATE <u>04/22/2025</u>				
Run three tests using a standard solution. A less. Check the box corresponding to the st 0.100% STANDARD - MUST READ BI 0.080% STANDARD - MUST READ BI 0.040% STANDARD - MUST READ BI	andard solution being us ETWEEN 0.095% and 0 ETWEEN 0.076% and 0	sed. (PRINTOUT A .105% INCLUSIVE .084% INCLUSIVE	TTACHED)	have a spread of .005 or				
TEST 1 • .102	ST 2 🖛 .101		TEST 3 🖛 .101	· ·				
RFI DETECTOR OPERATING								
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		RANGES SINCE T	HE LAST MAINTENAN	CE REPORT:				
		1014) 0	(.1519) 0	(OVER .19) 0				
List any new parts and describe any alteration established limits (use other side if necessary).	or modification that was	s made to restore t	he instrument to operat	e satisfactorily and within				
INSPECTING OFFICER			· · · · · · · · · · · · · · · · · · ·					
SIGNATURE Buan C. Woods			PRINT NAME Brian C. Woods					
TYPĘ II PERMIT NUMBER/EXPIRATION DATE 240133 06/06/2026			TELEPHONE NUMBER (660) 542-2200					
Return completed report to the: Breath Alco by mail, fax		tment of Health an	d Senior Services, Sout	heast District Office				

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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°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 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



PERMIT

BRIAN C. WOODS

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

DATE 6/6/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240133

EXPIRES 6/6/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

580-0771 (6-10)

LAB-4 (R6-10)



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 WOODS, BRIAN

Permit No 240133

Date Issued 6/6/2024 Date Expires 6/6/2026

