

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

The state of the s					
Complete this report in duplicate at the time of Send copy to Department of Health and Senior			nce check, and when	ever instrument is repaired.	
ALCO SENSOR IV SN 111774	NAME OF AGENCY Carroll County Sh	eriff's Office		of Inspection 4/2024	
OCATION OF INSTRUMENT (STREET AND CITY)  106 S. Folger St, Carrollton				F INSPECTION	
CHECKLIST: Place a mark in the box by each ite where determined.) Unmarked items must be co			vithin established limi	ts. (Write in observed values	
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)					
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDARD	S		•		
SIMULATOR SOLUTION	☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Guth Labs	L(	OT # 24110	EXP. DATE 03/05	5/2026	
SIMULATOR TEMPERATURE (34°C ± 0.2°	°C) 34.02 SIN	1. SNMP3879	SIM. NIST E	XP DATE <u>04/22/2025</u>	
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	ETWEEN 0.095% and ETWEEN 0.076% and	0.105% INCLUSIVE 0.084% INCLUSIVE	TACHED)		
TEST 1 • .100	ST 2 🖛 .101	-	TEST 3 🖝 .100		
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 (004) 0	(.0509) 0	(.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 w	as made to restore t	ne instrument to ope	rate satisfactorily and within	
INSPECTING OFFICER					
SIGNATURA Brian 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		partment of Health and	d Senior Services, So	outheast District Office	

AS IV Serial no: 111774
Version no: 532B

TEST RECORD 00554

Temp Date Time 210L

Air Blank: 09/04/24 13:47 .000
Calibration Check: 20 09/04/24 13:47 .100

Subject Name

Test # (
Subject I.D.

Deerator Name, I.D.

B.C. Woods, 782
Location

AS IV Serial no: 111774
Version no: 532B

TEST RECORD 00555

Temp Date Time 210L

Air Blank: 09/04/24 13:53 .000
Calibration Check: 21 09/04/24 13:53 .101

Subject Name

Test #2

Subject I.D.

B.C. Woods, 782 Location

AS IV Serial no: 111774 Version no: 532B TEST RECORD 00556 9,7 Temp Date Air Blank: 09/04/24 13:55 .000 Calibration Check: 22 09/04/24 13:55 .100 Subject Name es+#7 Subject I.D. Operator Name, I.D. B.C. Woods, 782 Location

AS IV Serial no: 111774
Version no: 532B

TEST RECORD 00557

Temp Date Time 210L

VOID: RFI
12 09/04/24 13:57

Sub-Jeck Name

REI Test

Operator Name, I.D.

B.C. Woods, 782

Location

AS IV Serial no: 111774 Version no: 532B

TEST RECORD 00558

9/ Temp Date Time 210I Air Blank: 09/04/24 13:59 .000 Subject Test: Auto 23 09/04/24 13:59 .000

Subject Name

Blank Test

Subject I.D.

Decrator Name: 1.0.

B.C. Woods, 782

Location



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 6, 2024, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is March 5, 2026 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 ALGOHOL PROGRAM



# PERMIT TYPE II

## **BRIAN C. WOODS**

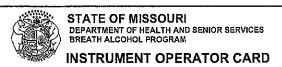
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

### ALCO-SENSOR IV WITH PRINTER

	termination of the alcoholic content of blood from a through 577.041, RSMo and 306.111 through 306.1	sample of expired air. Permit issued under the provisions of sections I 19 RSMo.
	*** **********************************	Mile Massim
DATE6/6/2024	0/0/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	240133	Davea I. Nichelson
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

