



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

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 111779	PRINTER SN 09B.3589.547	DATE OF INSPECTION 09/18/2024
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) Stone County Jail Galena MO	TIME OF INSPECTION 4:08 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.

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 # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP6027 SIMULATOR EXP DATE 03/04/2025

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 ← .101	TEST 2 ← .099	TEST 3 ← .099
---------------	---------------	---------------

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).

Corrected Time.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Corporal Kyle Stults
---------------	------------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 240070 03/22/2026	TELEPHONE NUMBER (417) 368-4888
------------------------------------------------------------	------------------------------------

**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

B

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00802

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/18/24 16:08 .000  
Calibration Check:  
23 09/18/24 16:08 .000

Subject Name

Self test

Subject I.D.

Monthly Maint

Operator Name, I.D.

K. Stults 240010

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00803

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/18/24 16:12 .000  
Calibration Check:  
24 09/18/24 16:12 .101

Subject Name

Test 1

Subject I.D.

Monthly Maint

Operator Name, I.D.

K. Stults 240010

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00804

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/18/24 16:14 .000  
Calibration Check:  
24 09/18/24 16:14 .099

Subject Name

Test 2

Subject I.D.

Monthly Maint

Operator Name, I.D.

K. Stults 240010

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00805

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/18/24 16:17 .000  
Calibration Check:  
25 09/18/24 16:17 .099

Subject Name

Test 3

Subject I.D.

Monthly Maint

Operator Name, I.D.

K. Stults 240010

Location

Stone Co Jail

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00806

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 09/18/24 16:19

Subject Name

RFI

Subject I.D.

Monthly Maint

Operator Name, I.D.

K. Stults 240010

Location

Stone Co Jail

Stone County Sheriff's Office

Monthly Maint

09/18/2024

Cpl: K. Stults

Permit # 240010

Exp: 03/22/2026



## 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

2

**PERMIT**  
**TYPE II**  
**KYLE G. STULTS**

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 3/22/2024

*Mike Masoma*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240070

*Paula J. Nielson*

EXPIRES 3/22/2026

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 STULTS, KYLE  
 Permit No 240070  
 Date Issued 3/22/2024 Date Expires 3/22/2026

