



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

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

REPORT #7

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 119730	NAME OF AGENCY Palmyra Police Department	DATE OF INSPECTION 11/04/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 200 N. Main St. Palmyra Mo. 63461		TIME OF INSPECTION 9:24 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 Guth Laboratories LOT # 24110 EXP. DATE 03/05/2026
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR5308 SIM. NIST EXP DATE 07/23/2025

- 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 ➡ .095	TEST 2 ➡ .095	TEST 3 ➡ .095
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- 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	1	(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).

**INSPECTING OFFICER**

SIGNATURE <i>Michael L. Baker</i>	PRINT NAME Michael L. Baker
TYPE II PERMIT NUMBER/EXPIRATION DATE 230025/02/14/2025	TELEPHONE NUMBER (573) 769-5540

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



**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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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

MICHAEL L. BAKER

I 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 77.020 through 877.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/14/2023

NUMBER 230025

EXPIRES 2/14/2025

*Mike Massum*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula T. Nicholson*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

880-0771 (8-10)

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 **BAKER, MICHAEL**  
 Permit No **230025**  
 Date Issued **2/14/2023** Date Expires **2/14/2025**



AS IV Serial no: 119730  
Version no: 532C

TEST RECORD 00201

Temp Date Time 21<sup>9</sup>/OL

Air Blank:  
11/04/24 09:24 .000  
Calibration Check:  
23 11/04/24 09:24 .095

Subject Name  
*Calibration Check*  
Subject I.D.  
*Michael L. Baker*  
Operator Name, I.D.  
*Palmyra P.D.*  
Location

AS IV Serial no: 119730  
Version no: 532C

TEST RECORD 00202

Temp Date Time 21<sup>9</sup>/OL

Air Blank:  
11/04/24 09:31 .000  
Calibration Check:  
24 11/04/24 09:31 .095

Subject Name  
*Calibration Check*  
Subject I.D.  
*Michael L. Baker*  
Operator Name, I.D.  
*Palmyra P.D.*  
Location

AS IV Serial no: 119730  
Version no: 532C

TEST RECORD 00203

Temp Date Time 21<sup>9</sup>/OL

Air Blank:  
11/04/24 09:33 .000  
Calibration Check:  
24 11/04/24 09:33 .095

Subject Name  
*Calibration Check*  
Subject I.D.  
*Michael L. Baker*  
Operator Name, I.D.  
*Palmyra P.D.*  
Location

AS IV Serial no: 119730  
Version no: 532C

TEST RECORD 00204

Temp Date Time 21<sup>9</sup>/OL

VOID: RFI  
12 11/04/24 09:34

Subject Name  
*RFI Check*  
Subject I.D.  
*Michael L. Baker*  
Operator Name, I.D.  
*Palmyra P.D.*  
Location