



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

RECEIVED  
By 7:00 PM on 04/09/2024

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<br><b>119731</b>  | NAME OF AGENCY<br><b>St. Clair County Sheriff's Office</b> | DATE OF INSPECTION<br><b>09-04-2024</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>360 Chestnut Street, Osceola, Missouri 64776</b> |  | TIME OF INSPECTION<br><b>12:04 pm</b>   |

**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**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION   | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories, Inc.</u> LOT # <u>24110</u> EXP. DATE <u>03-05-2026</u>              |   |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.01</u> SIM. SN <u>MP2934</u> SIM. NIST EXP DATE <u>09-04-2025</u> |   |

- 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 <b>.100</b> | TEST 2 <b>.099</b> | TEST 3 <b>.097</b> |
|--------------------|--------------------|--------------------|

- 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 <b>0</b> | (0-.04) <b>0</b> | (.05-.09) <b>0</b> | (.10-.14) <b>0</b> | (.15-.19) <b>0</b> | (OVER .19) <b>0</b> |
|-------------------|------------------|--------------------|--------------------|--------------------|---------------------|

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).

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|  |  |
|--|--|
| <b>INSPECTING OFFICER</b>                                      |  |
| SIGNATURE  | PRINT NAME <b>Devin Young</b>            |
| TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240200 08-29-2026</b> | TELEPHONE NUMBER <b>( 660 ) 351-2224</b> |

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



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



**PERMIT**  
**TYPE II**  
**DEVIN YOUNG**

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 8/29/2024  
 NUMBER 240200  
 EXPIRES 8/29/2026

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula F. Nielsen*

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 YOUNG, DEVIN  
 Permit No 240200  
 Date Issued 8/29/2024 Date Expires 8/29/2026





## 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 **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  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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: 119731  
Version no: 532C

TEST RECORD 00247

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

Air Blank:  
09/04/24 12:34 .000  
Calibration Check:  
20 09/04/24 12:34 .100

Subject Name

Test 1  
Subject I.D.

Operator Name, I.D.

Dawn Young 240200

Location

360 Chestnut

Osceola MO 64776

AS IV Serial no: 119731  
Version no: 532C

TEST RECORD 00248

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

Air Blank:  
09/04/24 12:36 .000  
Calibration Check:  
21 09/04/24 12:36 .099

Subject Name

Test 2  
Subject I.D.

Operator Name, I.D.

Dawn Young 240200

Location

360 Chestnut Osceola

Missouri 64776

AS IV Serial no: 119731  
Version no: 532C

TEST RECORD 00249

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

Air Blank:  
09/04/24 12:38 .000  
Calibration Check:  
22 09/04/24 12:38 .097

Subject Name

Test 3  
Subject I.D.

Operator Name, I.D.

Dawn Young 240200

Location

360 Chestnut

Osceola MO 64776

AS IV Serial no: 119731  
Version no: 532C

TEST RECORD 00250

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

VOID: RFI  
12 09/04/24 12:49

Subject Name

Test RFI  
Subject I.D.

Operator Name, I.D.

Dawn Young 240200

Location

360 Chestnut

Osceola MO, 64776