

By Tracy Crews at 3:07 pm, Jul 19, 2024



## 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 mainten                     | ance check, and w               | whenever instrument is repaired. |  |
|--|---------------------------------------|--|---------------------------------|----------------------------------|--|
| nd copy to Department of Health and Senior Services; retain original in department of Sensor IV SN  NAME OF AGENCY Hollister Police Dept.  |                                       | <u> </u>                                 | DATE OF INSPECTION 07/17/2024   |                                  |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) 240 Hollister Pointe Dr. Hollister, MO 65672  |                                       |  | ТІ                              | ME OF INSPECTION                 |  |
| 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 STANDA   | RDS                                   |  |                                 |                                  |  |
| ☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE  |                                       |  |                                 |                                  |  |
| STANDARD SUPPLIER Guth Labs LOT # 24110 EXP. DATE 03/05/2026   |                                       |  |                                 |                                  |  |
| SIMULATOR TEMPERATURE (34°C ± 0  | 0.2°C) 34.0 SI                        | м. snsd273                               | 2 SIM. NIS                      | ST EXP DATE 04/24/2025           |  |
| less. Check the box corresponding to the  ✓ 0.100% STANDARD - MUST READ  ─ 0.080% STANDARD - MUST READ  ─ 0.040% STANDARD - MUST READ  | BETWEEN 0.095% and BETWEEN 0.076% and | d 0.105% INCLUSIVE<br>d 0.084% INCLUSIVE |                                 |                                  |  |
| TEST1 ★ .098   | TEST 2097                             |  | TEST 3 ☞ .098                   |                                  |  |
| RFI DETECTOR OPERATING   |                                       |  |                                 |                                  |  |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:<br>(DO NOT INCLUDE SELF-ADMINISTERED TESTS)   |                                       |  |                                 |                                  |  |
| REFUSALS 0 (004)   | (.0509) 1                             | (.1014) 0                                | (,15-,19) C                     | ) (OVER .19) 1                   |  |
| REFUSALS 0 (004) (.0509) 1 (.1014) 0 (.1519) 0 (OVER .19) 1  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). |                                       |  |                                 |                                  |  |
|  |                                       |  |                                 |                                  |  |
| NSPECTING OFFICER  |                                       |  |                                 |                                  |  |
| 508  |                                       |  | PRINT NAME David Brinegar       |                                  |  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230042/ Exp 03/27/2025   |                                       |  | TELEPHONE NUMBER (417) 334-3000 |                                  |  |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services; Southeast District Office by mail, fax, or email.   |                                       |  |                                 |                                  |  |

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00123

Temp Date Time 210L

Air Blank:
07/17/24 20:48 .000
Calibration Check:
21 07/17/24 20:48 .098

Subject Name
July Maint
Subject I.D.
Vest
Operator Name. I.D.
Operator Name. I.D.
Operator Name. I.D.
Location:
Continue Report 230040

AS IV Serial 10: 119733
Version no: 532C

TEST RECORD 00124

Temp Date Time 210L

Air Blank: 07/17/24 20:50 .000
Calibration Check: 22 07/17/24 20:50 .097

Subject Name
Subject I.D.

Test 2

Operator Name, I.D.

David Binegar 230042

Location

Quo Hollister Powder

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00125

Temp Date Time 210L

Air Blank: 07/17/24 20:53 .000
Calibration Check: 2! 07/17/24 20:53 .098

Subject Name
July Many
Subject I.D.

Vest 3

Operator Name. I.D.

David Bringgar 230042

Location

Location

Allister Mo

, #<sub>2</sub> :-

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00126

Temp Date Time 210L

VOID: RFI
12 07/17/24 20:55

Subject Name

Subject I.D

Perator Name. I.D.

Decation

Mollster Pointe Or

Hollster M.D

07/17/2024 Manthly Maintenance

Ph 508



#### 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 ALCOHOL PROGRAM



# PERMIT TYPE II

### **DAVID W. BRINEGAR**

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, INTOX DMT**

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              | 3/27/2023          | / (ike / lassma                                      |  |  |
|-------------------|--------------------|--|--|--|
| 5,112             | *                  | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |  |  |
| NUMBER            | 230042             |  |  |  |
| EXPIRES 3/27/2025 | Daves J. Nichelson |  |  |  |
|                   |                    | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |  |  |

MO 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 BRINEGAR, DAVID Permit No 230042

