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By Tracy Crews at 2:16 pm, Aug 28, 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 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 119733	NAME OF AGENCY Hollister Police Department	DATE OF INSPECTION 08/13/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 240 Hollister Pointe Dr, Hollister, MO 65672		TIME OF INSPECTION 0:06 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>22430</u>	EXP. DATE <u>11/30/2024</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD 2732</u>	SIM. NIST EXP DATE <u>03/21/2024</u>
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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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➔ .102	TEST 2 ➔ .102	TEST 3 ➔ .102
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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	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>3</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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>[Signature]</i> 508	PRINT NAME David Brinegar
TYPE II PERMIT NUMBER/EXPIRATION DATE 230042/ 03/27/2025	TELEPHONE NUMBER (417) 334-6565

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

Version no: 532C

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00045

Temp Date Time ^{9/}21OL

Air Blank:
08/12/23 23:59 .000
Calibration Check:
23 08/12/23 23:59 .102

Subject Name

Maintenance

Subject I.D.

Test 1

Operator Name, I.D.

Brinegar 508

Location

240 Hollister Pointe Dr

Hollister, MO 65672

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00046

Temp Date Time ^{9/}21OL

Air Blank:
08/13/23 00:04 .000
Calibration Check:
23 08/13/23 00:04 .102

Subject Name

Maintenance

Subject I.D.

Test 2

Operator Name, I.D.

Brinegar 508

Location

240 Hollister Pointe Dr

Hollister, MO 65672

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00047

Temp Date Time ^{9/}21OL

Air Blank:
08/13/23 00:06 .000
Calibration Check:
24 08/13/23 00:06 .102

Subject Name

Maintenance

Subject I.D.

Test 3

Operator Name, I.D.

Brinegar 508

Location

240 Hollister Pointe Dr

Hollister, MO 65672

AS IV Serial no: 119733
Version no: 532C

TEST RECORD 00048

Temp Date Time ^{9/}21OL

VOID: RFI
12 08/13/23 00:08

Subject Name

Maintenance

Subject I.D.

RFI

Operator Name, I.D.

Brinegar 508

Location

240 Hollister Pointe Dr

Hollister, MO 65672



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 2024 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 FN03052002 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

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

NUMBER 230042

EXPIRES 3/27/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 586-0771 (6-10)

LAH-4 (1/16-10)

 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 BRINEGAR, DAVID
 Permit No 230042
 Date issued 3/27/2023 Date Expires 3/27/2025

