



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Tracy Crews at 9:00 am, Apr 29, 2024

ORIGINAL

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 119737	NAME OF AGENCY MARYVILLE POLICE DEPARTMENT	DATE OF INSPECTION 04/29/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 101 N. VINE ST., MARYVILLE, MO 64468		TIME OF INSPECTION 12:01 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
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABS</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u> SIM. SN <u>SD2281</u> SIM. NIST EXP DATE <u>08/18/2024</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)

<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 .099	TEST 2 .099	TEST 3 .099
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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	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.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 	PRINT NAME WAYNE L. WILSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 220286 / 12/21/2024	TELEPHONE NUMBER (660) 562-3209

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

ORIGINAL

AS IV Serial no: 119737
Version no: 532C

TEST RECORD 00162

Temp Date Time ^{g/} 210L

Air Blank:
04/29/24 00:02 .000
Calibration Check:
22 04/29/24 00:02 .099

Subject Name
Test #1
Subject I.D.

Operator Name, I.D.
Wayne Wilson / 220286
Location
101 N. Vine St.
Maryville, Mo 64468

AS IV Serial no: 119737
Version no: 532C

TEST RECORD 00163

Temp Date Time ^{g/} 210L

Air Blank:
04/29/24 00:04 .000
Calibration Check:
23 04/29/24 00:04 .099

Subject Name
Test #2
Subject I.D.

Operator Name, I.D.
Wayne Wilson / 220286
Location
101 N. Vine St.
Maryville, Mo 64468

AS IV Serial no: 119737
Version no: 532C

TEST RECORD 00164

Temp Date Time ^{g/} 210L

Air Blank:
04/29/24 00:05 .000
Calibration Check:
23 04/29/24 00:05 .099

Subject Name
Test #3
Subject I.D.

Operator Name, I.D.
Wayne Wilson / 220286
Location
101 N. Vine St.
Maryville, Mo 64468

AS IV Serial no: 119737
Version no: 532C

TEST RECORD 00165

Temp Date Time ^{g/} 210L

VOID: RFI
12 04/29/24 00:06

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.
Wayne Wilson / 220286
Location
101 N. Vine St.
Maryville, Mo 64468

AS IV Serial no: 119737
Version no: 532C

TEST RECORD 00166

Temp Date Time ^{g/} 210L

Air Blank:
04/29/24 00:08 .000
Subject Test: Auto
24 04/29/24 00:08 .000

Subject Name
Self test
Subject I.D.

Operator Name, I.D.
Wayne Wilson / 220286
Location
101 N. Vine St.
Maryville, Mo 64468



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

ORIGINAL

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 $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$, 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.

ORIGINAL



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

2

**PERMIT
TYPE II**

WAYNE L. WILSON

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 12/21/2022

NUMBER 220286

EXPIRES 12/21/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-6771 (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 WILSON, WAYNE
Permit No 220286
Date Issued 12/21/2022 Date Expires 12/21/2024

