

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

ORIGINAL

REPORT #7

ALCO-SENSOR IV WITH PRINTER MA RECEIVED ORT

By Tracy Crews at 8:05 am, Jul 31, 2024 ent is repaired

Complete this report in duplicate at the time of	the regular monthly pre	ventative maintenar in department file.	nce check, and	Whenever	instrument is re	spaired.
Send copy to Department of Fleatiff and Series	nrtin duplicate at the time of the regarding original in department file. NAME OF AGENCY MARYVILLE POLICE DEPARTMENT			DATE OF INSPECTION 07/30/2024		
119737			-	TIME OF INS	SPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) 101 N. VINE STREET, MARYVILLE, MO 64468 3:12 pm						d values
101 N. VINE STREET, MARYVILLE, MO 64468 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.						
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
✓ PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROPERLY						
BREATH ALCOHOL ACCURACY STANDARI	DS			A O MAINTI	IDE	
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER GUTH LABS LOT # 23390 EXP. DATE 10/17/2025						
✓ SIMULATOR TEMPERATURE (34°C ± 0.	2°C)34 SIM	I. SNSD228	1 SIM.	NIST EXP	DATE <u>08/18/2</u>	2024
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 .096	TEST 3 ▼ .096				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:						
(DO NOT INCLUDE SELF-ADMINISTERED						
DEELISALS 0 (0-04) 0	(.0509)	(.1014) 0	(.1519)	0	(OVER .19)	0
List any new parts and describe any alteration established limits (use other side if necessary	on or modification that v	vas made to restor	e the instrumer	nt to opera	te satistactorily	and within
INSPECTING OFFICER						10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIGNATURE			PRINT NAME WAYNE L. WILSON			
TYPE II PERMIT NUMBER/EXPIRATION DATE			TELEPHONE NUMBER (660) 562-3209			
Return completed report to the: Breath A by mail,	Alcohol Program, MO De fax, or email.	epartment of Health			utheast District (Office

AS IV Serial no: 119737 Version no: 532C

TEST RECORD 00179

Temp Date Time 210L

Air Blank: 07/30/24 15:12 .000 Calibration Check: 23 07/30/24 15:12 .095

Subject Name.

Subject 1.D.

Wayne Wison /220286 Location 101 N. Vine St. Mary Ville, Mo 64468 AS IV Serial no: 119737 Version no: 532C

TEST RECORD 00180

Temp Date Time 210L Air Blank: 07/30/24 15:13 .000

07/30/24 15:13 .000 Calibration Check: 23 07/30/24 15:13 .096

Subject Name

Subject I.D.

Wayne Wikon /200381 Location 101 N. Vine St. ORIGINAL

AS IV Serial no: 119737 Version no: 532C

TEST RECORD 00181

Temp Date Time 210L

Air Blank:
 07/30/24 15:15 .000

Calibration Check:
 24 07/30/24 15:15 .096

Subject Name

18:+83

Subject I.D.

Mayre Wile No 64468

AS IV Serial no: 119737 Version no: 532C

TEST RECORD 00182

Temp Date Time 210L

VOID: RFI 12 07/30/24 15:16

Subject Name FFT Test Subject I.D.

Mayre Wilson 120286 Location 101 N. Vine St. Mary Ji Mr. 206448 AS IV Serial no: 119737 Version no: 532C

TEST RECORD 00183

Temp Date Time 210L

Air Blank: 07/30/24 15:17 .000

Subject Test: Auto 24 07/30/24 15:17 .000

Subject Name
Self Test
Subject I.D.

Nayre Wikin /220286 Location 10/ N. Vine St. Maryv. M., Mo 64468



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°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.





MO 580-0771 (6-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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

Daven J. Nichelson

Mile Mason

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

