



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 08/28/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 101 N. VINE ST., MARYVILLE, MO 64468 | | TIME OF INSPECTION 12:39 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.

- 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

- 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 **RECEIVED** SIM. SN SD2281 SIM. NIST EXP DATE 08/07/2025
By Tracy Crews at 2:13 pm, Aug 28, 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 .100 | TEST 2 .100 | TEST 3 .099 |
|--------------|--------------|--------------|

- 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) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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

H° _____

AS IV Serial no: 119737
Version no: 532C

TEST RECORD 00185

| Temp | Date | Time | g/ 210L |
|-------|------|------|------------|
| ----- | | | |

Air Blank:
08/28/24 00:39 .000
Calibration Check:
22 08/28/24 00:39 .100

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Wayne W. Wilson / 220286

Location

101 N. Vine St.

Maryville, MO 64468

AS IV Serial no: 119737
Version no: 532C

TEST RECORD 00186

| Temp | Date | Time | g/ 210L |
|-------|------|------|------------|
| ----- | | | |

Air Blank:
08/28/24 00:41 .000
Calibration Check:
22 08/28/24 00:41 .100

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 00187

| Temp | Date | Time | g/ 210L |
|-------|------|------|------------|
| ----- | | | |

Air Blank:
08/28/24 00:42 .000
Calibration Check:
23 08/28/24 00:42 .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 00188

| Temp | Date | Time | g/ 210L |
|-------|------|------|------------|
| ----- | | | |

VOID: RFI
12 08/28/24 00:44

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 00189

| Temp | Date | Time | g/ 210L |
|-------|------|------|------------|
| ----- | | | |

Air Blank:
08/28/24 00:45 .000
Subject Test: Auto
24 08/28/24 00:45 .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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-G771 (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

