

By Tracy Crews at 7:41 am, Nov 18, 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 tim Send copy to Department of Health and Se	ne of the regular monthly enior Services; retain ori	/ preventative mainte	nance check, and v	whenever instrument is repaired	
ALCO SENSOR IV SN / 20501	NAME OF AGENCY DOI-National P		D	ATE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) 8928 State Highway 19, Winona, Missouri 65588				1/-/4-2624 ME OF INSPECTION	
CHECKLIST: Place a mark in the box by ea where determined.) Unmarked items must	ch item if found to be sat	isfactory or if operatin	g within established	//:38 Himits. (Write in observed values	
DIGITAL READOUT (ALL ELEMENTS		g instrument.			
☑ TEMPERATURE OF ALCO SENSOR (					
✓ PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPE	ERLY				
BREATH ALCOHOL ACCURACY STANDA	ARDS				
✓ SIMULATOR SOLUTION		☐ COMPRESSE	ED ETHANOL-GAS	MIXTURE	
☑ STANDARD SUPPLIER Guth Labora	tories	LOT # 23180	EXP. DATE 05	5/17/2025	
☑ SIMULATOR TEMPERATURE (34°C ±	0.2°C) <u>34:00</u> s	IM. SNMP761	5 SIM. NIS	T EXP DATE <u>10/24/2025</u>	
less. Check the box corresponding to the 0.100% STANDARD - MUST REAL 0.080% STANDARD - MUST REAL 0.040% STANDARD - MUST REAL	D BETWEEN 0.095% an D BETWEEN 0.076% an	d 0.105% INCLUSIV	E .		
TEST 1 • , 099	TEST 2 - , 098		TEST 3 • , 097		
RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	STS IN THE FOLLOWIN	IG RANGES SINCE	THE LAST MAINTE	ENANCE REPORT:	
REFUSALS (004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and describe any alterati established limits (use other side if necessar	on or modification that v	was made to restore	the instrument to o	perate satisfactorily and within	
INSPECTING OFFICER					
SIGNATURE SIGNATURE			PRINT NAME  Zachary Swindlo		
TYPE II PERMIT NUMBER/EXPIRATION DATE 230181 08/17/2025			Zachary Swindle		
Return completed report to the: Breath Al	cohol Program, MO Dep ax, or email.	partment of Health and	(573) 351-9645 d Senior Services,	Southeast District Office	

Subject Name AS IV Serial rus; 1205 Version no: 532C Temp Date Time 2 Air Blank: 11/14/24 11:38 .0 Calibration Check: 19/11/14/24 11:38 .0 Subject Name Subject I.D. Subject I.D.  Subject I.D.  Subject I.D.  Lunann Kharak Stabow Location
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Temp Date Time 210L Air Blank: 11/14/24 11:41 .000 Calibration Check: 21 11/14/24 11:41 .097 AS 1V Serial no: 120501 Version no: 5320 WINDY KINCK STROV TEST RECURD 00068 SOUTH MAN JULY LAJADEN AND DISSE Locat ion 24 11:40 .000 n Check: 24 11:40 .098 Time 2100 1 no.; 120501 5320 JOST SOLIE QRD 00067 7 2 2 ame. 1 D. 61 hat 30005 27:68 all sold

SESSO ON GIENTIN

MINDRY INC OUSES

#\$ 17 Serial no; 120501
Version no: 532C

TEST REDIMLI 00070
Temp Date Time 210L
VOID: RF1
12 11/14/24 11:43

Subject Name

ZN /5/ 5/7/ZN
Operator Name, I.D.

W/GN XANEX SUBJECT
Location

SUZS SAME HM /9

W/NOM NO SSST



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23180 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1220% (w/vol) ethyl alcohol. The expiration date for this lot number is May 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 FN11172002 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

### **ZACHARY SWINDLE**

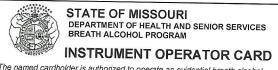
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

## 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.

DATE8/17/2023	Mile Masson
NUMBER 230181	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 8/17/2025	Davla J. Nichelson
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

SWINDLE, ZACHARY

Permit No 230181 Date Issued 8/17/2023

Date Expires 8/17/2025

