



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 035714	PRINTER SN 092.3576.249	DATE OF INSPECTION 01/16/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 203 Veterans Memorial Parkway, Wright City, Missouri, 63390		TIME OF INSPECTION 7:09 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 Laboratories LOT # 24110 EXP. DATE 03/05/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0C SIMULATOR SN SD2745 SIMULATOR EXP DATE 05/08/2025

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 .101

TEST 3 .101

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
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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 104

PRINT NAME
G. Monroe

TYPE II PERMIT NUMBER/EXPIRATION DATE
230040 03/09/2025

TELEPHONE NUMBER
(636) 745-3541

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01607

Temp Date Time 210L

Air Blank: 01/16/25 07:15 .000
Calibration Check: 22 01/16/25 07:14 .101
Subject Name Monroe 104

Subject Name 230040
Subject I.D.

Monroe 104, 230040
Operator Name, I.D.

Wright City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01606

Temp Date Time 210L

Air Blank: 01/16/25 07:14 .000
Calibration Check: 22 01/16/25 07:14 .101
Subject Name Monroe 104

Subject Name 230040
Subject I.D.

Monroe 104, 230040
Operator Name, I.D.

Wright City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01605

Temp Date Time 210L

Air Blank: 01/16/25 07:11 .000
Calibration Check: 21 01/16/25 07:11 .101
Subject Name Monroe 104

Subject Name 230040
Subject I.D.

Monroe 104, 230040
Operator Name, I.D.

Wright City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01604

Temp Date Time 210L

Air Blank: 01/16/25 07:09 .000
Calibration Check: 20 01/16/25 07:09 .100
Subject Name Monroe 104

Subject Name 230040
Subject I.D.

Monroe 104, 230040
Operator Name, I.D.

Wright City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01604

Temp Date Time 210L
g/

Air Blank: 01/16/25 07:09 .000
Calibration Check: 20 01/16/25 07:09 .100
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name, I.D.

Wristcut City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01605

Temp Date Time 210L
g/

Air Blank: 01/16/25 07:11 .000
Calibration Check: 21 01/16/25 07:11 .101
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name, I.D.

Wristcut City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01606

Temp Date Time 210L
g/

Air Blank: 01/16/25 07:14 .000
Calibration Check: 22 01/16/25 07:14 .101
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name, I.D.

Wristcut City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01607

Temp Date Time 210L
g/

VOID: RFI
12 01/16/25 07:15
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name, I.D.

Wristcut City PD
Location



GUTH LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **24110** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 6, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 5, 2026** 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.



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

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PERMIT
TYPE II
GREGORY D. MONROE

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 3/9/2023

NUMBER 230040

EXPIRES 3/9/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 MONROE, GREGORY
Permit No 230040
Date Issued 3/9/2023 **Date Expires** 3/9/2025

