



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	NAME OF AGENCY Wright City Police Department	DATE OF INSPECTION 02/18/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) 203 Veterans Memorial Parkway, Wright City, MO, 63390	TIME OF INSPECTION 6:28 AM
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>24110</u> EXP. DATE <u>03/05/2026</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0C</u> SIM. SN <u>SD2745</u> SIM. NIST EXP DATE <u>05/08/2025</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)

- 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 \bullet <u>.103</u>	TEST 2 \bullet <u>.102</u>	TEST 3 \bullet <u>.102</u>
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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 <u>1</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>zero</u>
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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 Greg 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 by mail, fax, or email.

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01608

Temp Date Time 210L

Air Blank: 02/18/25 06:28 .000
Calibration Check: 19 02/18/25 06:28 .103
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name: I.D.

Wrist City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01609

Temp Date Time 210L

Air Blank: 02/18/25 06:30 .000
Calibration Check: 20 02/18/25 06:30 .102
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name: I.D.

Wrist City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01610

Temp Date Time 210L

Air Blank: 02/18/25 06:32 .000
Calibration Check: 21 02/18/25 06:32 .102
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name: I.D.

Wrist City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01611

Temp Date Time 210L

UOID: RFI
12 02/18/25 06:34
Monroe 104

Subject Name

230040

Subject I.D.

Monroe 104, 230040

Operator Name: I.D.

Wrist City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01608

Temp Date Time 210L
Air Blank: 02/18/25 06:28 .000
Callibration Check: 19 02/18/25 06:28 .103
Subject Name
230040

Subject I.D. Monroe 104, 230040
Operator Name, I.D. Wrisant City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01609

Temp Date Time 210L
Air Blank: 02/18/25 06:30 .000
Callibration Check: 26 02/18/25 06:30 .102
Subject Name
230040

Subject I.D. Monroe 104, 230040
Operator Name, I.D. Wrisant City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01610

Temp Date Time 210L
Air Blank: 02/18/25 06:32 .000
Callibration Check: 21 02/18/25 06:32 .102
Subject Name
230040

Subject I.D. Monroe 104, 230040
Operator Name, I.D. Wrisant City PD
Location

AS IV Serial no: 035714
Version no: 532B

TEST RECORD 01611

Temp Date Time 210L
VOID: RFI 12 02/18/25 06:34
Subject Name
230040

Subject I.D. Monroe 104, 230040
Operator Name, I.D. Wrisant 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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.



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 Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 MONROE, GREGORY
Permit No 230040
Date Issued 3/9/2023 Date Expires 3/9/2025

