

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 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 107997	NAME OF AGENCY TROY PD		DATE OF 02/01/	INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) 800 CAP AU GRIS, TROY MO			TIME OF 4:02 a	INSPECTION M	
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)					
Ime and date displaying properly					
BREATH ALCOHOL ACCURACY STANDARDS					
SIMULATOR SOLUTION					
STANDARD SUPPLIER GUTH LOT # 24110 EXP. DATE 03/05/2026					
SIMULATOR TEMPERATURE (34°C ± 0.	.2°C)34.0 SI	M. SN SD250	5 SIM. NIST EX	P DATE 08/02/2025	
 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 🖛 .096	TEST 2 🖝 .096		TEST 3 🖝 .097		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 0	
List any new parts and describe any alteratio established limits (use other side if necessary)	n or modification that v).	vas made to restore	the instrument to opera	te satisfactorily and within	
INSPECTING OFFICER					
signature /s/ T.A. Plumb DSN 187			PRINT NAME T.A. PLUMB 187		
TYPE II PERMIT NUMBER/EXPIRATION DATE 240197/ 07292026			TELEPHONE NUMBER (636) 528-4725		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.					



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 $34^{\circ}C$ +/- .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

PERMIT TYPE II TODD A. PLUMB



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.

Mike Massing

DATE 8/29/2024

NUMBER 240197

EXPIRES 8/29/2026

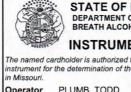
MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daven I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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
 PLUMB, TODD

 Permit No
 240197

 Date Issued 8/29/2024
 Date Expires 8/29/2026

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