

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ARTICLES .				
Complete this report in duplicate at the time of Send copy to Department of Health and Senior				henever instrument is repaired.
ALCO SENSOR IV SN 111327	NAME OF AGENCY  Lawson Police D	ept		ATE OF INSPECTION 3/02/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 104 W 3rd ST Lawson MO 64062				ME OF INSPECTION :00 pm
CHECKLIST: Place a mark in the box by each it			within established	limits. (Write in observed values
where determined.) Unmarked items must be d	~	instrument.		
DIGITAL READOUT (ALL ELEMENTS OP				
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)				
PRINTER WORKING PROPERLY				
✓ TIME AND DATE DISPLAYING PROPERLY				
BREATH ALCOHOL ACCURACY STANDARD	S			
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE				MIXTURE
STANDARD SUPPLIER Guth Labs	L	OT # 24310	EXP. DATE 0	3/27/2026
SIMULATOR TEMPERATURE (34°C ± 0.2	°C)34.0SII	м. sn <b>DR539</b>	2 SIM. NIS	ST EXP DATE 03/29/2025
Run three tests using a standard solution. A less. Check the box corresponding to the standard 0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B 0.040% STANDARD - MUST READ B	tandard solution being ETWEEN 0.095% and ETWEEN 0.076% and	g used. (PRINTOUT A d 0.105% INCLUSIVI d 0.084% INCLUSIVI	ATTACHED) E E	Tillust liave a spread of .005 of
TEST 1 <b>▼</b> .099	EST 2 • .099		TEST 3 .098	
☑ RFI DETECTOR OPERATING		······································		
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		G RANGES SINCE	THE LAST MAINT	ENANCE REPORT:
REFUSALS (004)	(.0509)	(.1014)	(.1519)	(OVER .19)
List any new parts and describe any alteration established limits (use other side if necessary).  Clock 2 minutes slow. Changed battery	or modification that v	vas made to restore	the instrument to	operate satisfactorily and within
INODESTING OFFICE				
INSPECTING OFFICER SIGNATURE	<b>的这个人的思想</b>		PRINT NAME	
TYPE II DOORIT NII MADE VALIDA ON DATE			ShawnFields	
240245 12/05/26			TELEPHONE NUMBER (816) 580-7210	
Return completed report to the: Breath Alco	hol Program MO Der	partment of Health ar	d Senior Sentions	Southoast District Office

by mail, fax, or email.

AS IV Serial no: 111327 Decision no: 5328

TEST RECORD 98957

Temp Date Time 210L

Air Blank: 03/02/25 17:20 .000 Calibration Check:

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Fields, Shawn 201

Location

Lawson PD

AS IV Serial no: 111327 Version no: 532B

TEST RECORD 00958

Temp Date Time 210L

Air Blank:

03/02/25 17:22 .000

Calibration Check: 22 03/02/25 1**7:22 .09**9

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

Fields, Shawn 20

Location

Lawson PD

AS IV Serial no: 111327 Version no: 532B

TEST RECORD 00959

Temp Date Time 210L

Air Blank:

03/02/25 17:28 .000 Calibration Check: 24 03/02/25 17:28 .098

Subject Name

T /

Subject I.D.

3

Operator Mame, I.D.

Fields, Shawn 201

Location

Lawson PD

AS IV Serial no: 111327 Version no: 532B

TEST RECORD 00960

Temp Date Time 210L

VOID: RFI 12 03/02/25 17:29

Subject\_Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Fields, Shown 201

Location

Lauson PD



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24310 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 28, 2024, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is August 27, 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



# PERMIT TYPE II

## SHAWN FIELDS

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

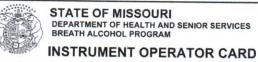
### **ALCO-SENSOR IV WITH PRINTER**

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.

	adam Muli
DATE 12/5/2024	Caumi / Pul
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240245	
0	Davla I. nicholson
EXPIRES 12/5/2026	tarla . 1 pelselso
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 FIELDS, SHAWN

Permit No 240245

Date Issued 12/5/2024 Date Expires 12/5/2026

