



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 8:22 am, Mar 03, 2025

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 119737	NAME OF AGENCY MARYVILLE POLICE DEPARTMENT	DATE OF INSPECTION 03/01/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 101 N. VINE ST., MARYVILLE, MO 64468		TIME OF INSPECTION 3:59 pm

**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</u>	LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u>	SIM. SN <u>SD2281</u> SIM. NIST EXP DATE <u>08/07/2025</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  .102	TEST 2  .101	TEST 3  .100
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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	(0-.04)    2	(.05-.09)    1	(.10-.14)    2	(.15-.19)	(OVER .19)
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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 	PRINT NAME WAYNE L. WILSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 240252 / 12/11/2026	TELEPHONE NUMBER (660) 562-3209

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

C8

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00255

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/01/25 15:59 .000  
Calibration Check:  
20 03/01/25 15:59 .102

Subject Name  
*Wayne Wilson/240252*  
Subject I.D.  
*Test #1*

Operator Name, I.D.

Location  
*101 N. Vine St.*  
*Maryville, MO 64468*

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00256

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/01/25 16:00 .000  
Calibration Check:  
21 03/01/25 16:00 .101

Subject Name  
*Test #2*  
Subject I.D.

Operator Name, I.D.  
*Wayne Wilson/240252*

Location  
*101 N. Vine St.*  
*Maryville, MO 64468*

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00257

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/01/25 16:02 .000  
Calibration Check:  
22 03/01/25 16:02 .100

Subject Name  
*Test #3*  
Subject I.D.

Operator Name, I.D.  
*Wayne Wilson/240252*

Location  
*101 N. Vine St.*  
*Maryville, MO 64468*

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00258

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 03/01/25 16:03

Subject Name  
*RFI Test*  
Subject I.D.

Operator Name, I.D.  
*Wayne Wilson/240252*

Location  
*101 N. Vine St.*  
*Maryville, MO 64468*

AS IV Serial no: 119737  
Version no: 532C

TEST RECORD 00259

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/01/25 16:04 .000  
Subject Test: Auto  
23 03/01/25 16:04 .000

Subject Name  
*Self Test*  
Subject I.D.

Operator Name, I.D.  
*Wayne Wilson/240252*

Location  
*101 N. Vine St.*  
*Maryville, MO 64468*



# 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 **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** 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**  
**WAYNE L. WILSON**

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.

DATE 12/11/2024

*Adam J. Rubin*

DIRECTOR STATE PUBLIC HEALTH LABORATORY

NUMBER 240252

*David J. Nicholson*

EXPIRES 12/11/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-G771 (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 WILSON, WAYNE  
 Permit No 240252  
 Date Issued 12/11/2024 Date Expires 12/11/2026

