





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 Send copy to Department of Health and Sen	of the regular monthly preventative main nior Services; retain original in departmer	ntenance check, and whe	never instrument is repaired.
ALCO SENSOR IV SN	NAME OF AGENCY	DATE	OF INSPECTION
111650	Bourbon Police Depa	<u> </u>	11-1-21
LOCATION OF INSTRUMENT (STREET AND CITY)	The state of the s	TIME	OF INSPECTION
355 E. P.ne SV Bourbon	i	1 2	ion em
CHECKLIST: Place a mark in the box by each	h item if found to be satisfactory or if oper	ating within established lim	its. (Write in observed values
where determined.) Unmarked items must be	e corrected before using instrument.	<u> </u>	
DIGITAL READOUT (ALL ELEMENTS O	OPERATIONAL)		
TEMPERATURE OF ALCO SENSOR (1	0°C - 40°C)		
PRINTER WORKING PROPERLY	1194		
X TIME AND DATE DISPLAYING PROPE			
BREATH ALCOHOL ACCURACY STANDA	RDS		
X SIMULATOR SOLUTION	COMPRE	SSED ETHANOL-GAS MI	XTURE
X STANDARD SUPPLIER GUL	****	EXP. DATE	{
X SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) 33,98° SIM. SN MP3	ST73 SIM. NIST E	XP DATE 8-5-22
U 0.080% STANDARD - MUST READ	e standard solution being used. (PRINTO D BETWEEN 0.095% and 0.105% INCLU D BETWEEN 0.076% and 0.084% INCLU D BETWEEN 0.038% and 0.042% INCLU	UT ATTACHED) ISIVE ISIVE	ou cou. το ακετία σε πάνει με τη συσ
TEST 1 ★ ,102	TEST 2 IN 102	TEST 3 war ,/0	
RFI DETECTOR OPERATING			
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWING RANGES SIN TESTS)	CE THE LAST MAINTEN	ANCE REPORT:
REFUSALS Ø (004) Ø	(.0509) 6 (.1014) 6	(.1519)	(OVER .19)
List any new parts and describe any alteration established limits (use other side if necessary	on or modification that was made to res y).	tore the instrument to ope	rate satisfactorily and within
the transfer of the section of the s			
		141	A STATE OF THE STA
INSPECTING OFFICER	ALLA CARACTERIA DE SER LA DESTRUCTOR A CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE C	Markan Kasakasa da kata da	d Desermentar peranesse
SIGNATURE		PRINT NAME	
Muchal / Be		Michae /	Pourte no
TYPE II PERMIT NUMBER/EXPIRATION DATE		TELEPHONE NUMBER	
200163/5-4-22		(5-73) 732-48	38
Return completed report to the: Breath Al by mail, f	lcohol Program, MO Department of Healt fax, or email.	th and Senior Services, Sc	utheast District Office
MO 580-1351 /5-10)	The state of the s		<u> </u>

Bourbon E. Pine 54	Operator Name, I.D. Cenhum:/200/63 Location	Subject I.D.	20 11/01/21 14:00 .102 Subject Name	Air Blank: 11/01/21 14:00 .000 Calibration Check:	532B ORD 001	AS IV Serial no: 111650
Bowben	Location STEPON S	Subject L.D. Tes: 2 Operator Name: I.D.	Subject Name	Air Blank: 11/81/21 14:81 .808 Calibration Check: 28 11/81/21 14:81 .182	1 77 1-1	AS IV Serial no: 111650 Version no: 532B
Bourbon	Constance / 200163 Location 355 E. Pine St	Subject I.D. /es/ 3 Operator Name, I.D.	Subject Name Blow K	Air Blank: 11/01/21 14:03 .000 Calibration Check: 21 11/01/21 14:03 .102	TEST RECURD 00182 Temp Date Time 2101	AS IU Serial no: 111650 Version no: 532B
Bowbon	Operator Name, I. Century / 20010 Location	Subject I.D. RFI	12 11/81/21 14:8 Subject Name	Temp Date Tim	AS IU Serial no: 1 Uersion no: 532B	



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21080 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on March 10, 2021, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1214% (w/vol) ethyl alcohol. The expiration date for this lot
number is March 8, 2023 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 FN03052002 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



LAB-4 (75-10)

PERMIT TYPE II

MICHAEL S CENTUNZI

