



**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<br>108391 | NAME OF AGENCY<br>MSHP Troop F | DATE OF INSPECTION<br>07/23/2023 |
|-----------------------------|--------------------------------|----------------------------------|

|                                                                            |                               |
|----------------------------------------------------------------------------|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1000 City Parkway, Osage Beach | TIME OF INSPECTION<br>4:30 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 Laboratories</u> LOT # <u>23180</u> EXP. DATE <u>05/17/2025</u>                    |                                                         |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.97</u> SIM. SN <u>MP2130</u> SIM. NIST EXP DATE <u>11/22/2023</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 ← 0.099 | TEST 2 ← 0.099 | TEST 3 ← 0.098 |
|----------------|----------------|----------------|


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 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Monthly Maintenance Report - transfer from 307 - 292

|                                                                                                      |                                        |
|------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>INSPECTING OFFICER</b>                                                                            |                                        |
| SIGNATURE<br> 292 | PRINT NAME<br>Tpr. Matthew Easton, 292 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230127 / 06/20/2025                                         | TELEPHONE NUMBER<br>(573) 751-1000     |

**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: 108391  
Version no: 532B

TEST RECORD 00847

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

Air Blank:  
07/23/23 16:32 .000  
Calibration Check:  
27 07/23/23 16:32 .099

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Tpr. M.D. Easton 230127

Location

1000 City Pkwy

Osage Beach, MO

AS IV Serial no: 108391  
Version no: 532B

TEST RECORD 00848

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

Air Blank:  
07/23/23 16:37 .000  
Calibration Check:  
27 07/23/23 16:37 .099

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Tpr. M.D. Easton 230127

Location

1000 City Pkwy

Osage Beach, MO

AS IV Serial no: 108391  
Version no: 532B

TEST RECORD 00849

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

Air Blank:  
07/23/23 16:42 .000  
Calibration Check:  
27 07/23/23 16:42 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Tpr. M.D. Easton 230127

Location

1000 City Pkwy

Osage Beach, MO

AS IV Serial no: 108391  
Version no: 532B

TEST RECORD 00850

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

VOID: RFI  
12 07/23/23 16:44

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Tpr. M.D. Easton 230127

Location

1000 city Pkwy

Osage Beach, MO

**CERTIFIED ALCOHOL REFERENCE  
SOLUTION FOR SIMULATOR**

|                |                |                   |
|----------------|----------------|-------------------|
| <u>23180</u>   | <u>5/17/23</u> | <u>5/17/25</u>    |
| LOT NO.        | MFG. DATE      | EXP. DATE         |
| <u>275 Gal</u> | <u>500 ML</u>  | <u>          </u> |
| LOT VOL.       | BOT. VOL.      | BOT. NO.          |

When this reference solution is used with a breath simulator certified by Guth Laboratories, Inc., a properly operating instrument will read 0.10.

For additional information contact:  
**Guth Laboratories, Inc.**  
590 North 67<sup>th</sup> Street, Harrisburg, PA 17111  
Toll Free 800-233-2338



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[www.guthlabs.com](http://www.guthlabs.com)



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT  
TYPE II**

**MATTHEW D. EASTON**

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 6/20/2023

NUMBER 230127

EXPIRES 6/20/2025

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



**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** EASTON, MATTHEW  
**Permit No** 230127  
**Date Issued** 6/20/2023    **Date Expires** 6/20/2025

