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By Tracy Crews at 1:12 pm, Aug 23, 2023



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 111632 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 08/22/2023 |
|-----------------------------|---|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) Troop G/Zone 7 office, West Plains | TIME OF INSPECTION 3:05 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) *27°C*

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER *Guth Laboratories Inc* LOT # *23180* EXP. DATE *05/17/2025*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *33.98* SIM. SN *MP2474* SIM. NIST EXP DATE *02/01/2024*

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 *.101*

TEST 2 *.101*

TEST 3 *.101*

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 <i>0</i> | (0-.04) <i>0</i> | (.05-.09) <i>0</i> | (.10-.14) <i>1</i> | (.15-.19) <i>0</i> | (OVER .19) <i>0</i> |
|-------------------|------------------|--------------------|--------------------|--------------------|---------------------|

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).

RECALIBRATED DUE TO NEW TYPE II AND SIMULATOR IN USE

INSPECTING OFFICER

SIGNATURE *Thomas Meyer*

PRINT NAME **Thomas Meyer**

TYPE II PERMIT NUMBER/EXPIRATION DATE **220218 09/07/2024**

TELEPHONE NUMBER
(417-469-3121)

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: 111632
Version no: 532B

TEST RECORD 00188

Temp Date Time 210L ^{9/}

Air Blank: 08/22/23 15:12 .000
Calibration: 27 08/22/23 15:12 .100

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 220215
Location

ZONE 7 OFFICE

HOWELL COUNTY

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00189

Temp Date Time 210L ^{9/}

Air Blank: 08/22/23 15:13 .000
Calibration Check: 27 08/22/23 15:13 .101

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220215
Location

ZONE 7 OFFICE

HOWELL county

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00190

Temp Date Time 210L ^{9/}

Air Blank: 08/22/23 15:16 .000
Calibration Check: 27 08/22/23 15:16 .101

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220215
Location

ZONE 7 OFFICE

Howell County

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00191

Temp Date Time 210L ^{9/}

Air Blank: 08/22/23 15:18 .000
Calibration Check: 27 08/22/23 15:18 .101

Subject Name

Subject I.D.

Operator Name, I.D.

T. Meyer 220215
Location

ZONE 7 OFFICE

Howell county

AS IV Serial no: 111632
Version no: 532B

TEST RECORD 00192

| Temp | Date | Time |
|------|------|------|
| | | 210L |

VOID: RFI
12 08/22/23 15:19

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 20018
Location

ZONE 7 OFFICE

Howell county



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 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 FN11172002 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**

THOMAS W. MEYER

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 9/7/2022

NUMBER 220218

EXPIRES 9/7/2024

MO 580-0771 (5-10)

Mike Maxson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 MEYER, THOMAS
 Permit No 220218
 Date Issued 9/7/2022 Date Expires 9/7/2024

