



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 111636	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/18/2023
LOCATION OF INSTRUMENT (STREET AND CITY) Weight Station A-3 West, Mayview, Mo		TIME OF INSPECTION 9:07 am

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

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) 34.01 SIM. SN MP2327 SIM. NIST EXP DATE 12/02/2023

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 .099

TEST 2 .098

TEST 3 .099

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
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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

Benjamin Owens

TYPE II PERMIT NUMBER/EXPIRATION DATE

TELEPHONE NUMBER

Permit # 230048/ Expiration Date 03/27/2025

(816) 622-0800

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

AS IU Serial no: 111636
Version no: 532B

TEST RECORD 00631

Temp Date Time 210L
s/

Air Blank: 07/18/23 09:07 .000
Calibration Check: 18 07/18/23 09:07 .099

Subject Name
Test #1

Subject I.D.

Operator Name, I.D.
Top B. Owens

Permit # 230018

Location

A3 West Mayview Mo

AS IU Serial no: 111636
Version no: 532B

TEST RECORD 00632

Temp Date Time 210L
s/

Air Blank: 07/18/23 09:11 .000
Calibration Check: 19 07/18/23 09:11 .098

Subject Name
Test #2

Subject I.D.

Operator Name, I.D.
Top B. Owens

Permit # 230018

Location

A3 West Mayview Mo

AS IU Serial no: 111636
Version no: 532B

TEST RECORD 00633

Temp Date Time 210L
s/

Air Blank: 07/18/23 09:13 .000
Calibration Check: 19 07/18/23 09:13 .099

Subject Name
Test #3

Subject I.D.

Operator Name, I.D.
Top B. Owens

Permit # 230018

Location

A3 West Mayview Mo

AS IU Serial no: 111636
Version no: 532B

TEST RECORD 00634

Temp Date Time 210L
s/

VOID: RFI
12 07/18/23 09:15

Subject Name
RFI

Subject I.D.

Operator Name, I.D.
Top B. Owens

Permit # 230018

Location

A3 West Mayview Mo



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

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PERMIT
TYPE II
BENJAMIN A. OWENS

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 3/27/2023

NUMBER 230048

EXPIRES 3/27/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 OWENS, BENJAMIN
 Permit No 230048
 Date Issued 3/27/2023 Date Expires 3/27/2025

