

RECEIVED

By Tracy Crews at 7:53 am, Dec 04, 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
111649NAME OF AGENCY
Missouri State Highway PatrolDATE OF INSPECTION
12/03/2023LOCATION OF INSTRUMENT (STREET AND CITY)
MSHP Troop D Zone 14 Office, 4020 North Main Street, Cassville, Missouri 65625TIME OF INSPECTION
5:05 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) 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) 34.00 SIM. SN MP2150 SIM. NIST EXP DATE 12/13/2023 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 ◀ 0.102

TEST 2 ◀ 0.103

TEST 3 ◀ 0.103

 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 1 (0-.04) 0 (.05-.09) 1 (.10-.14) 2 (.15-.19) 1 (OVER .19) 1

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).

N/A

INSPECTING OFFICERSIGNATURE
PRINT NAME
Tristan M. RoysterTYPE II PERMIT NUMBER/EXPIRATION DATE
220107 04/01/2024TELEPHONE NUMBER
(417) 895-6868**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: 111649
Version no: 532B

TEST RECORD 00764 ^{g/}
Temp Date Time 210L

Air Blank:
12/03/23 17:09 .000
Calibration Check:
19 12/03/23 17:09 .102

Subject Name
Acc 1
Subject I.D.
N/A
Operator Name, I.D.
TRISTAN M. ROYSTER 957
Location
4020 N. MAIN ST.

CASSVILLE MO 65625

AS IV Serial no: 111649
Version no: 532B

TEST RECORD 00765 ^{g/}
Temp Date Time 210L

Air Blank:
12/03/23 17:16 .000
Calibration Check:
21 12/03/23 17:16 .103

Subject Name
Acc 2
Subject I.D.
N/A
Operator Name, I.D.
TRISTAN M. ROYSTER
Location
4020 N. MAIN ST.

CASSVILLE, MO 65625

AS IV Serial no: 111649
Version no: 532B

TEST RECORD 00766 ^{g/}
Temp Date Time 210L

Air Blank:
12/03/23 17:18 .000
Calibration Check:
21 12/03/23 17:18 .103

Subject Name
Acc 3
Subject I.D.
N/A
Operator Name, I.D.
TRISTAN M. ROYSTER 957
Location
4020 N. MAIN ST

CASSVILLE, MO 65625

AS IV Serial no: 111649
Version no: 532B

TEST RECORD 00767 ^{g/}
Temp Date Time 210L

VOID: RFI
12 12/03/23 17:21

Subject Name
RFI Test
Subject I.D.
N/A
Operator Name, I.D.
TRISTAN M. ROYSTER 957
Location
4020 N. MAIN ST.

CASSVILLE, MO 65625



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 **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 **EN1172002** 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
TRISTAN M. ROYSTER

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 4/1/2022

Laura A. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220107

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/1/2024

MO 580-0771 (5-10)

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 ROYSTER, TRISTAN
Permit No 220107
Date Issued 4/1/2022 **Date Expires** 4/1/2024

