



**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 111736	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/29/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 6012 NE Antioch Road, Gladstone, MO 64119	TIME OF INSPECTION 10:35 am
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**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 RepCo Marketing Co LOT # 22430 EXP. DATE 11/30/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2424 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 • .098

TEST 2 • .097

TEST 3 • .097

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)	1	(.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 CPL. B. E. THOMAN #1256
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220146 05/16/2024	TELEPHONE NUMBER (816) 622-0800
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**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: 111736  
Version no: 532B

TEST RECORD 00170

Temp	Date	Time	s/
			210L

Air Blank:  
09/29/23 10:36 .000  
Calibration Check:  
23 09/29/23 10:36 .098

Subject Name

MAINT TEST #1

Subject I.D.

Operator Name, I.D.

CR. BE THOMAN 220146

Location

CLAY CO. Z.O.

AS IV Serial no: 111736  
Version no: 532B

TEST RECORD 00171

Temp	Date	Time	s/
			210L

Air Blank:  
09/29/23 10:38 .000  
Calibration Check:  
23 09/29/23 10:38 .097

Subject Name

MAINT TEST #2

Subject I.D.

Operator Name, I.D.

CR. BE THOMAN 220146

Location

CLAY CO. Z.O.

AS IV Serial no: 111736  
Version no: 532B

TEST RECORD 00172

Temp	Date	Time	s/
			210L

Air Blank:  
09/29/23 10:40 .000  
Calibration Check:  
24 09/29/23 10:40 .097

Subject Name

MAINT TEST #3

Subject I.D.

Operator Name, I.D.

CR. BE THOMAN 220146

Location

CLAY CO. Z.O.

AS IV Serial no: 111736  
Version no: 532B

TEST RECORD 00173

Temp	Date	Time	s/
			210L

VOID: RFI  
12 09/29/23 10:41

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

CR. BE THOMAN 220146

Location

CLAY CO. Z.O.



**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 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XI, S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 2024 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 Certified 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

2

**PERMIT**  
**TYPE II**  
**BRUCE E. THOMAN**

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 5/16/2022

NUMBER 220146

EXPIRES 5/16/2024

MO 580-0771 (6-10)

*Mike Mason*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula F. 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 THOMAN, BRUCE  
 Permit No 220146  
 Date Issued 5/16/2022 Date Expires 5/16/2024

