



**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>102459 | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>01/24/2024 |
|-----------------------------|---|----------------------------------|

|   |                               |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Troop F, Zone 15 Office, 1201 Rt. O. Fulton, MO 65251 | TIME OF INSPECTION<br>9:37 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.

|  |
|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)   |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY                   |
| <input checked="" type="checkbox"/> 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>34.00</u> SIM. SN <u>MP2148</u> SIM. NIST EXP DATE <u>10/04/2024</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)

|   |
|---|
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE            |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE            |

|              |              |              |
|--------------|--------------|--------------|
| TEST 1  .104 | TEST 2  .104 | TEST 3  .104 |
|--------------|--------------|--------------|

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).

**INSPECTING OFFICER**

|               |                               |
|---------------|-------------------------------|
| SIGNATURE<br> | PRINT NAME<br>Marylyn Dickens |
|---------------|-------------------------------|

|  |                                    |
|--|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230251 11/07/2025 | 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: 102459  
Version no: 532B

TEST RECORD 00866

Temp Date Time 210L  
g/

Air Blank:  
01/24/24 21:37 .000  
Calibration Check:  
17 01/24/24 21:37 .104

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Dickens 230251

Location

Zone 15 office

AS IV Serial no: 102459  
Version no: 532B

TEST RECORD 00867

Temp Date Time 210L  
g/

Air Blank:  
01/24/24 21:39 .000  
Calibration Check:  
18 01/24/24 21:39 .104

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Dickens 230251

Location

Zone 15 office

AS IV Serial no: 102459  
Version no: 532B

TEST RECORD 00868

Temp Date Time 210L  
g/

Air Blank:  
01/24/24 21:41 .000  
Calibration Check:  
19 01/24/24 21:41 .104

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Dickens 230251

Location

Zone 15 office

AS IV Serial no: 102459  
Version no: 532B

TEST RECORD 00870

Temp Date Time 210L  
g/

VOID: RFI  
12 01/24/24 21:44

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Dickens 230251

Location

Zone 15 office



## 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°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 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**

**MARYLYN A. DICKENS**

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 11/7/2023

NUMBER 230251

EXPIRES 11/7/2025

*Mike Masum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave 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** DICKENS, MARYLYN  
**Permit No** 230251  
**Date Issued** 11/7/2023 **Date Expires** 11/7/2025

