



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 02/05/2024 |
|-----------------------------|-------------------------------------------------|----------------------------------|

| | |
|---------------------------------------------------------------------------------------|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 6012 NE ANTIOCH ROAD, GLADSTONE, MO 64119 | TIME OF INSPECTION 1:49 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

| | |
|--------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
|--------------------------------------------------------|---------------------------------------------------------|

| |
|------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES, INC</u> LOT # <u>23180</u> EXP. DATE <u>02/05/2024</u> |
|------------------------------------------------------------------------------------------------------------------------------------|

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2424</u> SIM. NIST EXP DATE <u>02/05/2024</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)

- 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 <u>.101</u> | TEST 2 <u>.101</u> | TEST 3 <u>.101</u> |
|--------------------|--------------------|--------------------|

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

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 <i>Nicholas Ott</i> | PRINT NAME TPR. N. OTT |
|----------------------------------|---------------------------|

| | |
|------------------------------------------------------------|------------------------------------|
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220088 03/16/2024 | TELEPHONE NUMBER (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 IV Serial no: 111736
Version no: 532B

TEST RECORD 00203

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
02/05/24 01:49 .000
Calibration Check:
23 02/05/24 01:49 .101

Subject Name

maint test #1

Subject I.D.

Tpr. Ott 220088

Operator Name, I.D.

Clay Co 20

Location

AS IV Serial no: 111736
Version no: 532B

TEST RECORD 00204

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
02/05/24 01:51 .000
Calibration Check:
23 02/05/24 01:51 .101

Subject Name

maint test #2

Subject I.D.

Tpr. Ott 220088

Operator Name, I.D.

Clay Co 20

Location

AS IV Serial no: 111736
Version no: 532B

TEST RECORD 00205

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:
02/05/24 01:52 .000
Calibration Check:
24 02/05/24 01:52 .101

Subject Name

maint test #3

Subject I.D.

Tpr. Ott 220088

Operator Name, I.D.

Clay Co 20

Location

AS IV Serial no: 111736
Version no: 532B

TEST RECORD 00206

| Temp | Date | Time | s/ 210L |
|------|------|------|------------|
|------|------|------|------------|

VOID: RFI
12 02/05/24 01:53

Subject Name

RFI

Subject I.D.

Tpr. Ott 220088

Operator Name, I.D.

Clay Co 20

Location



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 Certified Reference Standard lot number FN1172002 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
NICHOLAS OTT

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 3/16/2022

NUMBER 220088

EXPIRES 3/16/2024

Laura R. King

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dawn E. Nicholson

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 OTT, NICHOLAS
Permit No 220088
Date Issued 3/16/2022 **Date Expires** 3/16/2024

