



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 111738 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 03/04/2024 |
|------------------------------------|--|---|

| | |
|---|---------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 6012 NE Antioch Road, Gladstone MO 64119 | TIME OF INSPECTION 12:43 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

| | |
|---|--|
| <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>MP2424</u> SIM. NIST EXP DATE <u>03/04/2024</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)

- 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 ← .097 | TEST 2 ← .097 | TEST 3 ← .098 |
|----------------------|----------------------|----------------------|

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) |
|----------|---------|-----------|-----------|-----------|------------|

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 NICHOLAS OTT |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240047 2/8/2026 | 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.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
NICHOLAS T. 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 2/8/2024

NUMBER 240047

EXPIRES 2/8/2026

MO 580-0771 (6-10)

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. 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 OTT, NICHOLAS
Permit No 240047
Date Issued 2/8/2024 Date Expires 2/8/2026





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 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.

AS IV Serial no: 111738
Version no: 532B

TEST RECORD 00210

Temp Date Time ^{9/} 210L

Air Blank:
03/04/24 12:43 .000
Calibration Check:
22 03/04/24 12:43 .097

Subject Name

Maint Test #1

Subject I.D.

Tpr. Ott 965

Operator Name, I.D.

Clay Co 20

Location

AS IV Serial no: 111738
Version no: 532B

TEST RECORD 00211

Temp Date Time ^{9/} 210L

Air Blank:
03/04/24 12:45 .000
Calibration Check:
23 03/04/24 12:45 .097

Subject Name

Maint Test #2

Subject I.D.

Tpr. Ott 965

Operator Name, I.D.

Clay Co 20

Location

AS IV Serial no: 111738
Version no: 532B

TEST RECORD 00212

Temp Date Time ^{9/} 210L

Air Blank:
03/04/24 12:48 .000
Calibration Check:
23 03/04/24 12:48 .098

Subject Name

Maint Test #3

Subject I.D.

Tpr. Ott 965

Operator Name, I.D.

Clay Co 20

Location

AS IV Serial no: 111738
Version no: 532B

TEST RECORD 00213

Temp Date Time ^{9/} 210L

VOID: RFI
12 03/04/24 12:49

Subject Name

RFI

Subject I.D.

Tpr. Ott 965

Operator Name, I.D.

Clay Co 20

Location