



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 111748	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1810 Selmore Dr, Ozark MO 65721		TIME OF INSPECTION 4:11 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 LOT # 32180 EXP. DATE 05/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2466 SIM. NIST EXP DATE 12/05/2024

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 ← .099

TEST 2 ← .098

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)
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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).

March Maintenance

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Trooper Jackson Hood
TYPE II PERMIT NUMBER/EXPIRATION DATE 230167 / 08/07/2025	TELEPHONE NUMBER (417) 895-8686

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: 111748
Version no: 532B

TEST RECORD 00179

Temp Date Time ^{s/} 210L

Air Blank:
03/01/24 16:15 .000
Calibration Check:
20 03/01/24 16:15 .099

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Jackson Hood 563

Location

1801 Selmore Dr

OZark MO 65721

AS IV Serial no: 111748
Version no: 532B

TEST RECORD 00180

Temp Date Time ^{s/} 210L

Air Blank:
03/01/24 16:16 .000
Calibration Check:
21 03/01/24 16:16 .098

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Jackson Hood 563

Location

1801 Selmore Dr

OZark MO 65721

AS IV Serial no: 111748
Version no: 532B

TEST RECORD 00181

Temp Date Time ^{s/} 210L

Air Blank:
03/01/24 16:18 .000
Calibration Check:
22 03/01/24 16:18 .098

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

Jackson Hood 563

Location

1801 Selmore Dr

OZark MO 65721

AS IV Serial no: 111748
Version no: 532B

TEST RECORD 00182
Temp Date Time ^{s/} 210L

VOID: RFI
12 03/01/24 16:19

Subject Name

Test RFI

Subject I.D.

Operator Name, I.D.

Jackson Hood 563

Location

1801 Selmore Dr.

OZark MO 65721



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 $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$, 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 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



PERMIT
TYPE II
JACKSON HOOD

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 8/7/2023

NUMBER 230167

EXPIRES 8/7/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 HOOD, JACKSON
 Permit No 230167
 Date Issued 8/7/2023 Date Expires 8/7/2025



RECEIVED

By Tracy Crews at 11:35 am, Aug 03, 2023



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

APPROVED

By Brianna Medrano at 11:53 am, Aug 04, 2023

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF B...

THIS APPLICATION IS FOR NEW PERMIT RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME Jackson Davis Hood TITLE Trooper AGE 27

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP Missouri State Highway Patrol Troop A TELEPHONE 816-622-0800

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 504 S.E. Blue Parkway, Lee's Summit, 64063

EMAIL ADDRESS Jackson.hood@mshp.dps.mo.gov

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK FOR INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
7/24 - 28/23	MSC	36	Type II Supervisor	<input type="checkbox"/>	Lutner
8/1/23	MSC	8	Type II AS-IV lab	<input checked="" type="checkbox"/>	Bond
8/2/23	MSC	8	Type II DMT lab	<input checked="" type="checkbox"/>	Bond
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. AS IV	10 <input type="checkbox"/> OK BLM	
2. DMT	10 <input type="checkbox"/> OK BLM	
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT [Signature] DATE 8/2/2023

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901