



RECEIVED
By Tracy Crews at 8:32 am, Jul 29, 2021

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 111321	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/28/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1510 E Elm Street Jefferson City MO (MSHP Academy)		TIME OF INSPECTION 1:00 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 Labs</u>	LOT # <u>21080</u> EXP. DATE <u>03/08/2023</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u>	SIM. SN <u>MP2137</u> SIM. NIST EXP DATE <u>04/19/2022</u>
<input checked="" type="checkbox"/> 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 .100	TEST 2 0.099	TEST 3 0.097
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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).

New Battery

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Ryan Hutton
TYPE II PERMIT NUMBER/EXPIRATION DATE 200230-08/20/2022	TELEPHONE NUMBER (573) 751-9943

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

TEST 1

AS IV Serial no: 111321
Version no: 532B

TEST RECORD 00608

Temp Date Time 210L

s/

Air Blank:
07/28/21 13:18 .000
Calibration Check:
24 07/28/21 13:18 .100

Subject Name

RYAN WITON

Subject I.D.

200 230

Operator Name, I.D.

MASKAP ACPDEM

Location

MASKAP ACPDEM

TEST 2

AS IV Serial no: 111321
Version no: 532B

TEST RECORD 00609

Temp Date Time 210L

s/

Air Blank:
07/28/21 13:20 .000
Calibration Check:
24 07/28/21 13:20 .099

Subject Name

RYAN WITON

Subject I.D.

200 230

Operator Name, I.D.

MASKAP ACPDEM

Location

H3

AS IV Serial no: 111321
Version no: 532B

TEST RECORD 00610

Temp Date Time 210L

s/

Air Blank:
07/28/21 13:22 .000
Calibration Check:
24 07/28/21 13:22 .097

Subject Name

RYAN WITON

Subject I.D.

200 230

Operator Name, I.D.

MASKAP ACPDEM

Location

AS IV Serial no: 111321
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00605

Temp Date Time 210L

s/

Air Blank:
07/28/21 13:10 .000
Calibration: ←
23 07/28/21 13:10 .100

Subject Name

RYAN WITON

Subject I.D.

200 230

Operator Name, I.D.

RYAN WITON

Location

MASKAP ACPDEM

Accordy

AS IV Serial no: 111321
Version no: 532B

TEST RECORD 00607

Temp Date Time 210L

s/

Air Blank:
07/28/21 13:15 .000
Subject Test: Auto
24 07/28/21 13:15 .100

Subject Name

RYAN WITON

Subject I.D.

200 230

Operator Name, I.D.

MASKAP ACPDEM

Location

RFE TEST

AS IV Serial no: 111321
Version no: 532B

TEST RECORD 00611

Temp Date Time 210L

s/

VOID: RFI
12 07/28/21 13:25

Subject Name

RYAN WITON

Subject I.D.

200 230

Operator Name, I.D.

MASKAP ACPDEM

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 **21080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 10, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 8, 2023** 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 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**

RYAN L HUTTON

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 8/20/2020

NUMBER 200230

EXPIRES 8/20/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 HUTTON, RYAN
 Permit No 200230
 Date Issued 8/20/2020 Date Expires 8/20/2022