MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT

Complete this report in duplicate at the Send copy to Department of Health and					vhenever instrument is repaired	
030792	INDSOR IV NA NAME OF AGENCY			09/05/2024		
5268 Flat River RD, Park Hills, MO	TIME OF INSPECTION 11:03 pm					
CHECKLIST: Place a mark in the box by	each item if found to	be satisfactory o			The state of the s	
with the state (mined.) Unmarked items mi	ust be corrected before	re using instrum	ent.			
PERMANENTALL ELEMEN	ITS OPERATIONAL)	water to a state of the state o			and the contrast of the contra	
✓ TEMPERATURE OF ALCO SENSO	OR (10°C - 40°C)					
✓ ) RMIER WORKING PROPERLY	The second secon	The first state of the state of				
✓ THE AND DATE DISPLAYING PR	OPERLY					
BREATH ALCOHOL ACCURACY STA	NDARDS					
SIMULATOR SOLUTION		C	COMPRESSED ETHANOL-GAS MIXTURE			
✓ STANDARD SUPPLIER Guth Lab	oratories	LOT # 23	3180	EXP. DATE 0	5/17/2025	
✓ SIMULATOR TEMPERATURE (34)	C ± 0.2°C) 33.98	SIM. SN	MP24	60 SIM. NIS	ST EXP DATE 01/16/1025	
0 080% STANDARD - MUST F		38% and 0.042°			%	
A STATE OF THE STA		3 70	***	The second control of		
✓ HEI DETECTOR OPERATING	. ~~~~ ~ ~		are piner	THE LACT MAIN	CENANCE DEDOCT	
INDICATE THE NUMBER OF BREATH (DO NOT INCLUDE SELF-ADMINISTE		LOWING RANG	JES SINCE	THE LAST MAIN	ENANCE REPORT.	
NE451SALS 3 (0-04)	(05-09)	4 (10-1	4) 1	(.1519)	(OVER 19)	
List any new parts and describe any a					operate satisfactorily and within	
established limits (use other aide if nec						
INSPECTING OFFICER		人的教育的	1.3 5.02	PRINT NAME		
1				Zachary L. Ric	ker	
230304 12/11/2025			(636) 300-2800	(636) 300-2800		

Beturn completed report to the: Breath Alcohol Program, MO Department of Health and Senier Services, Southeast District Officer

by mail, fax, or email

00 111 00 111 00 00 00 00 00 00 00 00 00	ns to serial no: 8328 Version no: 5328 TEST RECORD <b>00424</b>	Temp Date Time 210L UOID: RFI 12 89/85/24 23:29	Subject Name Agin Subject I.D.	Operator Name, 1.D. 2.L.K.chon 230304 Location 5208 Flat River	Park Hills, mo
AS IV Serial no: 030792 Version no: 532B	TEST RECORD 00423 9/ Temp Date Time 210L	Air Blank: 89/85/24 23:28 .000 Calibration Check: 28 89/65/24 23:28 .098	Subject Name $\mathcal{M}_{\alpha,\Lambda}$ Subject $\mathbf{I},\mathbf{D}$ .	Orerator Name, I.D. 2.L. K.cker 230504 Location 5268 Flat River	Park Hills, mc
AS IV Serial no: 030792 Version no: 532B	TEST RECORD 00422 97 Temp Date Time 210L	Air Blank: 09/05/24 23:26 .000 Calibration Check: 28 09/05/24 23:26 .098	Subject Name //win Subject I.D.	Operator Name, 1.D. 2.L. R.cker 230504 Location 5268 Flat River	Park Hills, Mo
AS IV Serial no: 030792 Version no: 532B TEST RECORD - REPRINT	TEST RECORD 00421 9/ Temp Date Time 210L	Air Blank: 09/05/24 23:23 .000 Calibration Check: 28 09/05/24 23:23 .098	Subject Name Ausin Subject I.D.	Operator Name, 1.D. 2L. Ricker 230304 Location 5268 Flat River	Pork Hills, no



#### 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  $34^{\circ}\text{C}$  +/- .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.

It 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

### ZACHARY RICKER

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. MA 1

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DATE	12/11/2023	Mike Masson			
JAIE 12/11/2023	12/11/2025	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER	230304	Davla I. Nichelson			
EXPIRES 12/11/2025	Taula s. 1 yellelson				
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (R6-10)

