

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Brian Lutmer at 10:02 am, Nov 04, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in du Send copy to Department					wheneve	er instrument is repaired.	
ALCO SENSOR IV SN 087976		NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 11/03/2024		
LOCATION OF INSTRUMENT (S 3131 E Kearney, Spring	TREET AND CITY) gfield, Missouri 65	5803)3		TIME OF INSPECTION 9:02 am		
CHECKLIST: Place a mar where determined.) Unma	k in the box by each	item if found to be satis		within established	d limits.	(Write in observed values	
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)							
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
☑ TIME AND DATE DISPLAYING PROPERLY							
BREATH ALCOHOL ACC	URACY STANDAR	RDS					
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER Guth Laboratories, INC LOT # 23390 EXP. DATE 10/17/2025							
☑ SIMULATOR TEMPE	RATURE (34°C ± 0	.2°C) <u>34.00</u> S	м. snMP241	8 SIM. NI	ST EXP	DATE 12/05/2024	
✓ 0.100% STANDA✓ 0.080% STANDA	ARD - MUST READ ARD - MUST READ	standard solution bein BETWEEN 0.095% ar BETWEEN 0.076% ar BETWEEN 0.038% ar	d 0.105% INCLUSIV d 0.084% INCLUSIV	E E			
TEST 1 ▼ .103		TEST 2 ▼ .103		TEST 3 .103			
RFI DETECTOR OPE	RATING						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)							
REFUSALS	(004)	(.0509) 1	(.1014) 1	(.1519)	1	(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). CHANGED TIME DUE TO DAYLIGHT SAVINGS							
INSPECTING OFFICER							
SIGNATURE >		J.R. Chronister 206					
TYPE II PERMIT NUMBER/EXPIRATION DATE 240217 EXPIRES 10/16/2026				TELEPHONE NUMBER (417) 895-6868			
Return completed repor		Icohol Program, MO Dofax, or email.	epartment of Health a	and Senior Service	es, Sout	heast District Office	

Location Hemp Calibration Check: 21 11/83/24 10:06 .183 AS IV Serial no: 087976 Version no: 532B Operator Name, I.D. Subject I.D. Subject Name Air Blank: TEST RECORD 00548 DRILLEFIELD, MO 1313 2 KEDIGASY 14 WH 11/83/24 18:86 .888 Date CHROWISTER #286 Time 210L

Subject I.D. Calibration Check: 22 11/03/24 10:09 .103 Air Blank: Leng Version no: AS IV Serial no: 087976 Subject Name TEST RECORD 00549 11/83/24 18:89 .888 Date 532B Time 210L

15EARNEY Operator Name, Subject I.D. Location Subject Name PRALFICA 11/03/24 10:12 S# 22 #200

AS IV Serial no: 087976 Version no: 532B

111

Temp Air Blank: TEST RECORD 00550 Date Time 219L

Calibration Check: 23 11/83/24 18:12 .183

KEARNEY

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Location

Operator Name,

I.D.

Version no: AS IV Serial no: 087976 532B

Temp VOID: RFI 12 11/03/24 10:13 TEST RECORD 00551 Date Time 210L

Subject Name

Subject I.D. PFI

Operator Name, I.D. 3/3/ MIZHAZIKIZ

REALCAS)

Location DRINGFIELD, MO



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1207% (w/vol) ethyl alcohol. The expiration date for this lot number is October 17, 2025 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°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 FN03072301 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

JARED R. CHRONISTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

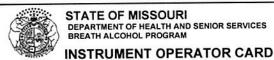
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE10/16/2024	DIRECTOR STATE PUBLIC HEALTH LABORATORY
NUMBER 240217	Danla J. nichelson
EXPIRES 10/16/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator CHRONISTER, JARED

Permit No 240217

Date Issued 10/16/2024 Date Expires 10/16/2026

