

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 7:11 am, Sep 30, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in d Send copy to Departmen | | | | | | | l whenev | ver instrume | ent is repa | ired. |
|-----------------------------------------------------------|-------------------------------------------------------|----------------------------------|--------------------|------------------------------|-------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------|--------|
| ALCO SENSOR IV SN 097420 | NAME OF AGENCY Missouri State Highway Patrol | | | | DATE OF INSPECTION 09/13/2024 | | | | | |
| Zone 4/15 Office - 275 | | er Rd, Branson, MO 65616 | | | | TIME OF INSPECTION 3:44 pm | | | | |
| CHECKLIST: Place a ma | | | | | | within establish | ed limits. | . (Write in ol | served va | lues |
| where determined.) Unma | arked items must be | e corrected bef | ore usin | g instrument. | | | | | | |
| ✓ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) | | | | | | | | | | |
| ▼ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) | | | | | | | | | | |
| PRINTER WORKING PROPERLY | | | | | | | | | | |
| ✓ TIME AND DATE DISPLAYING PROPERLY | | | | | | | | | | |
| BREATH ALCOHOL AC | CURACY STANDA | RDS | | | | | | | | |
| ✓ SIMULATOR SOLUT | SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE | | | | | | | | | |
| ✓ STANDARD SUPPL | IER Guth Laborate | ories | | LOT # 2318 | 0 | EXP. DATE | 05/17/2 | 2025 | | |
| ✓ SIMULATOR TEMPER | ERATURE (34°C ± 0 | 0.2°C) 33. 9 | 96 5 | SIM. SN | MP247 | 6 SIM. 1 | NIST EXI | P DATE 12 | 2/05/2024 | |
| 0.080% STAND | ARD - MUST READ ARD - MUST READ ARD - MUST READ | BETWEEN 0 BETWEEN 0 | .095% a .076% a | nd 0.105% IN nd 0.084% IN | NCLUSIVE NCLUSIVE | E E | | | | |
| TEST 1 .101 | | TEST 2 .101 | | | | TEST 3 • .101 | | | | |
| ▼ RFI DETECTOR OPE | ERATING | | | | | | | | | |
| INDICATE THE NUMBE (DO NOT INCLUDE SEL | | | OLLOWI | ING RANGES | S SINCE | THE LAST MAI | NTENAI | NCE REPO | RT: | |
| REFUSALS 0 | (004) | (.0509) | 0 | (.1014) | 0 | (.1519) | 0 | (OVER .1 | 9) 0 | |
| List any new parts and o | | | tion that | t was made t | o restore | the instrument | to opera | te satisfact | orily and v | vithin |
| established limits (use of | | y). | | | | | | | | |
| Calibration completed | l. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| • | | | | | | | | | | |
| | | | | | | | WANTED TO STATE OF THE PARTY OF | WARRIED TO SOME WAY | WHITE STATE OF THE STATE OF | |
| INSPECTING OFFICER | | | | | | PRINT NAME | | | | |
| SIGNATURE . | | | | | | C. T. Schmidt | | | | |
| TYPE II PERMIT NUMBER EXPIRATION DATE 240207 - 09/10/2026 | | | | | | TELEPHONE NUMBER (417) 895-6868 | | | | |
| | | | | | | | | | | |
| Return completed repo | | lcohol Program fax, or email. | n, MO E | Department of | f Health a | nd Senior Servi | ces, Sou | itheast Dist | ict Office | |

Location Branson AS IV Serial no: 097420 Version no: 532B TEST RECORD 00977 Temp Date Time 210L Air Blank: 09/13/24 15:55 .000 Calibration Check: 27 09/13/24 15:55 .101 Subject Name Subject I.D. Operator Name, I.D.

AS IV Serial no: 097420

TEST RECORD 00974

Temp Date Time 210L

89/13/24 15:44 .000

25 09/13/24 15:44 .180

Version no: 532B

Air Blank:

Calibration:

Subject Name

Subject I.D.

Operator Name, I.D.

C.T. Schmidt 827

AS IV Serial no: 097420 Version no: 532B AS IV Serial no: 097420 Version no: 532B TEST RECORD 00975 TEST RECORD 00976 Time 210L Date Temp Date Temp Time 210L Air Blank: 09/13/24 15:50 .000 Air Blank: Calibration Check: 09/13/24 15:52 .000 26 09/13/24 15:50 .101 Calibration Check: 27 09/13/24 15:52 .101 Subject Name Subject Name Subject I.D. Subject I.D. Operator Name, I.D. C.T. Schmidt 827 Operator Name, I.D. C.T. Schmidt 82 Location Zone 4/15 Office Location Zone 4/15 Office Bransor

> AS IV Serial no: 097420 Version no: 532B TEST RECORD 00978 9/ 210L Temp Date Time VOID: RFI 12 09/13/24 15:57 Subject Name Subject I.D. Operator Name, I.D. C.T. Schmidt 82 Location Branson



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°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.

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

CHRISTOPHER T. SCHMIDT

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.

1. 11

| DATE 9/10/2024 | adam / fuli | | | | |
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| DATE ZITULAUZI | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY | | | | |
| NUMBER 240207 | | | | | |
| | Davea J. McCoelson | | | | |
| EXPIRES 9/10/2026 | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES | | | | |
| | on the second of | | | | |

MO 580-0771 (6-10)

LAB-4 (R6-10)

