





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in c Send copy to Departmen	duplicate at the time at of Health and Sei	of the regular monthly nior Services; retain orig	preventative mainter inal in department file	nance check, and when e.	ever instrument is repaired.	
ALCO SENSOR IV SN 097423		NAME OF AGENCY MSHP		DATE OF INSPECTION 05/21/2024		
LOCATION OF INSTRUMENT (891 Technology Drive	STREET AND CITY) , Weldon Spring				FINSPECTION	
CHECKLIST: Place a ma where determined.) Unm	irk in the box by eac arked items must b	h item if found to be satis e corrected before using	stactory or if operating	g within established limit	s. (Write in observed values	
☑ 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 SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER RepCo Marketing Inc. LOT # 23390 EXP. DATE 10/17/2025						
SIMULATOR TEMPE	ERATURE (34°C ± 1	0.2°C) <u>34.00</u> SI	M. SN <u>MP2</u> 22	3 SIM. NIST EX	(P DATE <u>01/18/2025</u>	
☐ 0.080% STANDA	ARD - MUST READ	BETWEEN 0.095% and BETWEEN 0.076% and BETWEEN 0.038% and	d 0.084% INCLUSIV	E		
TEST 1 .100		TEST 2 ★ .099		TEST 3 ▼ .098		
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)	(.1014)	(.1519)	(OVER .19)	
List any new parts and d established limits (use oti			vas made to restore	the instrument to opera	ate satisfactorily and within	
INSPECTING OFFICER		. <u></u>				
Y/ //	/			PRINT NAME Dustin J. Duffie		
TYPE INCERMIT NUMBER/EXPIRATION 230294 / 12/11/2025	ON DATE			TELEPHONE NUMBER (636) 300-2800		
Return completed repor		icohol Program, MO Dep ax, or email.	partment of Health ar	nd Senior Services, Sou	utheast District Office	

AS IV Serial no: 0974 532B Version no:

> TEST RECORD 00376

9/ 210L Time Date Temp Air Blank⊱ 05/21/24 14:24 .000 Calibration Check:

22 05/21/24 14:24 .100 Subject Name

Subject I.D.

Name, I.D. Operator

AS IV Serial no: 097423 Version no: 532B

> TEST RECORD 99377

210L Date Time Temp

Air Blank:

05/21/24 14:26 .000

Calibration Check: 23 05/21/24 14:26 .099

Subject Name

Subject I.D.

Operator Name, I.D.

AS IV Serial no: 097423 532B Version not

TEST RECORD 00378

9/ 210L Date Time Temp

Air Blank:

05/21/24 14:28 .000

Calibration Check: 24 05/21/24 14:28 .098

Subject Name

Subject I.D.

Orgrator Name, I.D.

TEST RECORD 80379

Bate



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 DUSTIN J. DUFFIE

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	12/11/2023	/ (ike / lassur
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230294	
EXPIRES 12/11/20	12/11/2025	Davla I. Nichelson
		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 ali in Missouri.

Operator DUFFIE, DUSTIN Permit No 230294

