



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**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<br>097444 | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>12/01/2024 |
|-----------------------------|---|----------------------------------|

|  |                                |
|--|--------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>1005 Spring Park Blvd, Mount Vernon, Missouri, 65712 | TIME OF INSPECTION<br>10:08 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.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories Inc LOT # 23180 EXP. DATE 05/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP2151 SIM. NIST EXP DATE 12/05/2024

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)

0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ◀ 0.103

TEST 2 ◀ 0.104

TEST 3 ◀ 0.100

RFI DETECTOR OPERATING

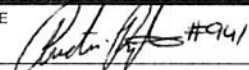
**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

|          |   |         |           |           |           |            |
|----------|---|---------|-----------|-----------|-----------|------------|
| REFUSALS | 0 | (0-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (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).

N/A

**INSPECTING OFFICER**

SIGNATURE  #941

PRINT NAME  
Tpr. Austin Royster

TYPE II PERMIT NUMBER/EXPIRATION DATE  
Permit #: 230013 Exp: 01/24/2025

TELEPHONE NUMBER  
(417) 895-6868

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

AS IV Serial no: 097444  
Version no: 532B

TEST RECORD 00601

Temp Date Time 210L

Air Blank:  
12/01/24 22:11 .000  
Calibration Check:  
11 12/01/24 22:11 .103

Subject Name

ACC #1

Subject I.D.

N/A

Operator Name, I.D.

Austin Royster 230013

Location

100 S Spring Park Blvd

Mt. Vernon, MO 65712

AS IV Serial no: 097444  
Version no: 532B

TEST RECORD 00602

Temp Date Time 210L

Air Blank:  
12/01/24 22:13 .000  
Calibration Check:  
22 12/01/24 22:13 .104

Subject Name

ACC #2

Subject I.D.

NA

Operator Name, I.D.

230013

Location

//

//

AS IV Serial no: 097444  
Version no: 532B

TEST RECORD 00603

Temp Date Time 210L

Air Blank:  
12/01/24 22:15 .000  
Calibration Check:  
23 12/01/24 22:15 .100

Subject Name

ACC #3

Subject I.D.

N/A

Operator Name, I.D.

230013

Location

//

//

AS IV Serial no: 097444  
Version no: 532B

TEST RECORD 00604

Temp Date Time 210L

VOID: RFI  
12 12/01/24 22:16

Subject Name

RFI CHECK

Subject I.D.

N/A

Operator Name, I.D.

230013

Location

//

//



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

## 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

2

PERMIT  
TYPE II  
AUSTIN ROYSTER

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 1/24/2023

NUMBER 230013

EXPIRES 1/24/2025

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nicholson*

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 ROYSTER, AUSTIN  
Permit No 230013  
Date Issued 1/24/2023 Date Expires 1/24/2025

