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By Tracy Crews at 10:10 am, Jun 04, 2024



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 100292	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 504 SE Blue Parkway, Lee's Summit, Mo		TIME OF INSPECTION 11:38 am

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES INC</u> LOT # <u>23180</u> EXP. DATE <u>10/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIM. SN <u>MP2206</u> SIM. NIST EXP DATE <u>11/27/2024</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 .102	TEST 2 .102	TEST 3 .100
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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	1	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Benjamin Owens
TYPE II PERMIT NUMBER/EXPIRATION DATE Permit # 230048/ Expiration Date 03/27/2025	TELEPHONE NUMBER (816) 622-0800

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: 100292
Version no: 532B

TEST RECORD 01361 s/
Temp Date Time 210L

Air Blank: 06/02/24 11:38 .000
Calibration Check: 24 06/02/24 11:38 .102

Subject Name
Test #1

Subject I.D.
Cpl. B. Owens 1423

Operator Name, I.D.
Permit 230048

Location
504 SE Blue Parkway
Lees Summit Mo

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01362 s/
Temp Date Time 210L

Air Blank: 06/02/24 11:40 .000
Calibration Check: 25 06/02/24 11:40 .102

Subject Name
Test #2

Subject I.D.
Cpl. B. Owens 1423

Operator Name, I.D.
Permit 230048

Location
504 SE Blue Parkway
Lees Summit Mo

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01363 s/
Temp Date Time 210L

Air Blank: 06/02/24 11:43 .000
Calibration Check: 25 06/02/24 11:43 .100

Subject Name
Test #3

Subject I.D.
Cpl. B. Owens 1423

Operator Name, I.D.
Permit 230048

Location
504 SE Blue Parkway
Lees Summit Mo

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01364 s/
Temp Date Time 210L

VOID: RFI
12 06/02/24 11:44

Subject Name
RFI

Subject I.D.
Cpl. B. Owens 1423

Operator Name, I.D.
Permit 230048

Location
504 SE Blue Parkway
Lees Summit Mo

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

Case Number: _____

SUBJECT'S NAME	DATE OF TEST
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER	
ALCO-SENSOR SERIAL NO.	LOCATION OF INSTRUMENT
TIME OBSERVATION PERIOD STARTED	TIME OF TEST

- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by _____
 No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 8. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 9. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 10. Press red button to eject mouthpiece.
- 11. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	





GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • 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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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

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PERMIT
TYPE II
BENJAMIN A. OWENS

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 3/27/2023

NUMBER 230048

EXPIRES 3/27/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. 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 OWENS, BENJAMIN
Permit No 230048
Date Issued 3/27/2023 **Date Expires** 3/27/2025

