



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 1:58 pm, Oct 30, 2024

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 10/16/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 504 se Blue Parkway, Lee's Summit, Mo. 64063	TIME OF INSPECTION 12:20 pm
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2206</u> SIM. NIST EXP DATE <u>11/27/2024</u>	

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 \bullet .100	TEST 2 \bullet .100	TEST 3 \bullet .101
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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	(0-.04)	(.05-.09) 1	(.10-.14) 1	(.15-.19)	(OVER .19) 1
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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).

adjust time

INSPECTING OFFICER	
SIGNATURE <i>Donald T. Craig</i>	PRINT NAME Tpr. D.T. Craig #561
TYPE II PERMIT NUMBER/EXPIRATION DATE 230044 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 01389

Temp Date Time 210L ^{g/}
Air Blank: 10/16/24 12:40 .000
Calibration Check: 23 10/16/24 12:40 .100

Subject Name

Test 1

Subject I.D.

D.T. Craig 230044

Operator Name, I.D.

Location

Troop A

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01390

Temp Date Time 210L ^{g/}
Air Blank: 10/16/24 12:42 .000
Calibration Check: 24 10/16/24 12:42 .100

Subject Name

Test 2

Subject I.D.

D.T. Craig 230044

Operator Name, I.D.

Location

Troop A

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01391

Temp Date Time 210L ^{g/}
Air Blank: 10/16/24 12:44 .000
Calibration Check: 24 10/16/24 12:44 .101

Subject Name

Test 3

Subject I.D.

D.T. Craig 230044

Operator Name, I.D.

Location

Troop A

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01392

Temp Date Time 210L ^{g/}
UOID: RFI
12 10/16/24 12:45

Subject Name

RFI Test

Subject I.D.

D.T. Craig 230044

Operator Name, I.D.

Location

Troop A



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
DAVID T. CRAIG

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

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230044

Dave F. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/27/2025

 **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 CRAIG, DAVID
Permit No 230044
Date Issued 3/27/2023 **Date Expires** 3/27/2025



RECEIVED

By Tracy Crews at 8:09 am, Mar 23, 2023



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPROVED

By Brianna Medrano at 2:17 pm, Mar 23, 2023

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR
 NEW PERMIT RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: David T. Craig TITLE: Trooper AGE: 26

A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: MSP Troop A TELEPHONE

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE):
504 SE Blue Parkway, Lees Summit, MO 64063

EMAIL ADDRESS:
david.craig@mshp.dps.mo.gov

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
3/13-3/17/23	MSC	36	Type II Supervisor	<input type="checkbox"/>	Bond
3/21/23	MSC	8	Type II AS-IV lab	<input checked="" type="checkbox"/>	Bond
3/28/23	MSC	8	Type II DMT lab	<input checked="" type="checkbox"/>	Bond
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. ALCO-SENSOR IV W/ PRINTER	10 MR'S OK BLM	10 SELF-TESTS OK BLM
2. INTOX DMT	10 MR'S OK BLM	10 SELF-TESTS OK BLM
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: David T. Craig DATE: 3/20/23

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 **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.