

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 10:24 am, Jul 11, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

-4/5/14											
Complete t Send copy	nis report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. to Department of Health and Senior Services; retain original in department file.										
ALCO SENSO 104658	OR IV SN NAME OF AGENCY Missouri State Highway Patrol							DATE OF INSPECTION 07/09/2024			
LOCATION O	er Street, Bethany, MO, 64424								TIME OF INSPECTION 9:50 am		
CHECKLIS	T: 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 dete	rmined.) Unmarked items must be corrected before using instrument.										
☑ DIGITA	AL READOUT (ALL ELEMENTS OPERATIONAL)										
✓ TEMP	ERATURE OF ALCO SENSOR (10°C - 40°C)										
✓ PRINT	ER WORKING PROPERLY										
	AND DATE DISPLAYING PROPERLY										
BREATH A	LCOHOL ACC	URACY STA	ANDARI	os							
☑ SIMUL	JLATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE										
✓ STAN	DARD SUPPLIER Guth LOT # 23180 EXP. DATE 05/17/2025										
☑ SIMUI	ATOR TEMPE	RATURE (34	I°C ± 0.2	2°C)34.0) SII	м. sn	MP250	2 SIM.	NIST EXF	P DATE 01/31/	2025
Run th less. C	RATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) ree tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or heck the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) 100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE 101 TEST 2 .100 TEST 3 .100										
☑ RFI DE	TECTOR OPE	RATING									
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)											
REFUSAL	s 0	(004)	0	(.0509)	1	(.1014)	1	(.1519)	0	(OVER .19)	0
List any n					ion that	was made to	restore	the instrument	to operat	te satisfactorily	and within
INSPECT	ING OFFICER					The same					No. of the said
SIGNATURE	, , ,			Michael J. Miller							
TYPE II PEAM								TELEPHONE NUMBER (816) 387-2345			
220258	11/1//2024										
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: 104658 Version no: 532B TEST RECURI 00445 Temp Date Time 210L Air Blank: 07/09/24 09:58 .000 Calibration Check: 21 07/09/24 09:58 .101 Subject Name MAINTENANCE KY Subject I.D. NA Operator Name, I.D. M.J. MILLER #1418 Location 3101 MILLER STEEPS BETHANY, MO, 64424

AS IV Serial no: 104658 Version no: 532B TEST RECORD - REPRINT TEST RECORD 00446 9/ Temp Date Time 210L Air Blank: 07/09/24 10:04 .000 Calibration Check: -21 07/09/24 10:04 .100 Subject Name MAINTENANCE #2 Subject I.D. NIA Operator Name, I.D. M.J. MILLER #1418 Location 301 MILLER STREET BETHANY, MO, 64424

AS IV Serial no: 104658 Version no: 532B TEST RECORD 00447 Temp Date Time 210L Air Blank: 07/09/24 10:08 .000 Calibration Check: 22 07/09/24 10:08 .100 Subject Name MANUTAUAUCK #3 Subject I.D. NIA Operator Name, I.D. M.J. MILLER #1418 Location 3101 MILLER STREET BEHANY, MO, 64424

AS IV Serial no: 104658 Version no: 532B TEST RECORD 00448

Temp Date Time 210L VOID: RFI 12 07/09/24 10:10

Subject Name

MAWTONAWCK RFI Subject I.D.

N/A Operator Name, I.B.

MIMILE #1418
Location

3101 MILLER STEEKS

BETHANT, MO, 64429

uffiglist



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

MICHAEL J. MILLER

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 1	hrough 577.041, RSMo and 306.111 through 306.119 RSMo.	•
DATE	11/17/2022	Mike Mason
355-324-0-0-53		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	220258	7 . 1
EXPIRES	11/17/2024	Davla I. Nichelson
	land the second	RECTOR 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 MILLER, MICHAEL Permit No

220258

Date Issued 11/17/2022 Date Expires 11/17/2024

