

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crews at 10:03 am, Oct 04, 2024

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| 15                                                                                                                                                                                                                      | THE PERSON NAMED IN                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                 |             |             |             |         |                            |                                         |                     |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|-------------|-------------|-------------|---------|----------------------------|-----------------------------------------|---------------------|-----------|--|
| Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument Send copy to Department of Health and Senior Services; retain original in department file. |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                 |             |             |             |         |                            | ver instrument is                       | repaired.           |           |  |
|                                                                                                                                                                                                                         | 0 SENS                                                                                                                                                 | OR IV SN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                 | NAME OF A   |             | ighway Pat  | ol      |                            | DATE OF 10/03/2                         | INSPECTION<br>2024  |           |  |
| LOC                                                                                                                                                                                                                     | ATION C                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RUMENT (STREET AND CITY) eet, Bethany, MO, 64424                            |                 |             |             |             |         | TIME OF INSPECTION 7:36 pm |                                         |                     |           |  |
| CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observations)                                                                          |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                 |             |             |             |         |                            |                                         |                     | d values  |  |
|                                                                                                                                                                                                                         |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | items must be   |             |             |             |         |                            |                                         |                     |           |  |
| V                                                                                                                                                                                                                       | DIGIT                                                                                                                                                  | AL READ                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OUT (ALL ELEMENTS OPERATIONAL)                                              |                 |             |             |             |         |                            |                                         |                     |           |  |
| V                                                                                                                                                                                                                       | TEMF                                                                                                                                                   | ERATURE OF ALCO SENSOR (10°C - 40°C)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                 |             |             |             |         |                            |                                         |                     |           |  |
| Z                                                                                                                                                                                                                       | PRIN                                                                                                                                                   | TER WOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | R WORKING PROPERLY                                                          |                 |             |             |             |         |                            |                                         |                     |           |  |
| ☑ TIME AND DATE DISPLAYING PROPERLY                                                                                                                                                                                     |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                 |             |             |             |         |                            |                                         |                     |           |  |
| BREATH ALCOHOL ACCURACY STANDARDS                                                                                                                                                                                       |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                 |             |             |             |         |                            |                                         |                     |           |  |
| V                                                                                                                                                                                                                       | SIMU                                                                                                                                                   | LATOR S                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE                                |                 |             |             |             |         |                            |                                         |                     |           |  |
| V                                                                                                                                                                                                                       | STAN                                                                                                                                                   | DARD SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JPPLIER Guth LOT # 23180 EXP. DATE 05/17/2025                               |                 |             |             |             |         |                            |                                         |                     |           |  |
| Z                                                                                                                                                                                                                       | SIMU                                                                                                                                                   | LATOR TI                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2502 SIM. NIST EXP DATE 01/31/2025 |                 |             |             |             |         |                            |                                         |                     | 025       |  |
|                                                                                                                                                                                                                         | Run the less. Co                                                                                                                                       | 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 |                                                                             |                 |             |             |             |         |                            |                                         |                     |           |  |
| TES                                                                                                                                                                                                                     | ST 1 🕶                                                                                                                                                 | .099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | 1               | TEST 2 🕶 .1 | 00          |             |         | TEST 3 🕶 .10               | 00                                      |                     |           |  |
| V                                                                                                                                                                                                                       | RFI DI                                                                                                                                                 | ЕТЕСТОР                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OPERATII                                                                    | NG              |             |             |             |         |                            |                                         |                     |           |  |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)                                                                                 |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                 |             |             |             |         |                            |                                         |                     |           |  |
|                                                                                                                                                                                                                         | FUSAL                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (00                                                                         |                 | (.0509)     | 0           | (.1014)     | 0       | (.1519)                    | 0                                       | (OVER .19)          | 0         |  |
| And the second second                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | e any alteratio |             | tion that v | was made to | restore | the instrument             | to operat                               | te satisfactorily a | nd Within |  |
| INSPECTING OFFICER                                                                                                                                                                                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                 |             |             |             |         |                            |                                         |                     | 0.00      |  |
| •                                                                                                                                                                                                                       | IATURE                                                                                                                                                 | uj.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | /as                                                                         |                 |             |             |             |         | Michael J. M               | 100000000000000000000000000000000000000 |                     |           |  |
|                                                                                                                                                                                                                         | 0258                                                                                                                                                   | IT NUMBÉR/E<br>11/17/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                | XPIRATION DAT<br>2024                                                       | E               |             |             |             |         | (816) 387-23               |                                         |                     |           |  |
| Ref                                                                                                                                                                                                                     | 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 RECORD 00455 Temp Date Time 210L Air Blank: 10/03/24 19:39 .000 Calibration Check: 27 10/03/24 19:39 .099 Subject Name MAINTENANCE #/ Subject I.D. NA Operator Name, I.D. 11. T. WILLER +1418 Location 3101 MILLER STLEET BENHANY, MD, 64424

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00456
9/
Temp Date Time 210L

Air Blank:
10/03/24 19:41 .000
Calibration Check:
28 10/03/24 19:41 .100

Subject Name

MAINTON CK #Z
Subject I.D.

Deerator Name, I.D.

M.J. MILLER \*1410

Location

3101 MIGGE STREET

BETHANY, MO, CHURY

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00457

y/
Temp Bate Time 210L

Air Blank:
10/03/24 19:43 .000
Calibration Check:
29 10/03/24 19:43 .100

Subject Name

MAINTENANCE #5
Subject I.D.

NA

Operator Name, I.B.

M.T. MICCK #/918

Location

3101 MAICEK STIEFT

BETHANYIMOI WHYLLY

AS IV Serial no: 104658 Version no: 532B

TEST RECORD 00458

Temp Date Time 210L VOID: RFI 12 10/03/24 19:45

Subject Name

MAWTOVAKE RFI Subject I.B.

Operator Name, I.D.

M. T. MILLEL #1418 Location

3101 MILLER STREAT

BGHANY, MO, 644CY

11/4/



#### 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 through 577.041, RSMo and 306.111 through 306.119 RSMo. Mike Massur DATE 11/17/2022 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 220258 Daves J. Nichelson

EXPIRES 11/17/2024

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

Operator

MILLER, MICHAEL

Permit No 220258 Date Issued 11/17/2022

Date Expires 11/17/2024

