



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 Send copy to Department of Health and Ser	of the regular monthly nior Services; retain orig	preventative mainten inal in department file	ance check, and whene	ver instrument is repaired.	
ALCO SENSOR IV SN 107971	NAME OF AGENCY Missouri State Highway Patro			INSPECTION 24	
LOCATION OF INSTRUMENT (STREET AND CITY) 17010 Highway 87, Boonville			TIME OF 1:28 PM	INSPECTION	
	h item if found to be esti-	factory or if approxima			
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 STANDA	RDS				
SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS			D ETHANOL-GAS MIXT	TURE	
STANDARD SUPPLIER Guth	ANDARD SUPPLIER Guth LOT # 23180		EXP. DATE 10/17/2025		
SIMULATOR TEMPERATURE (34°C ±	0.2°C) 34.0 si	M. SN MP2202	SIM. NIST EX	P DATE 11/20/2024	
less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.095% and BETWEEN 0.076% and	d 0.105% INCLUSIV			
TEST 1 ☞ .099	TEST 2 .099		TEST 3 ₹ .099		
✓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 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) ⁰	
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). Tested within DHSS standards.					
INSPECTING OFFICER		EASTERNA THE	MARKET RADIES	THE PERSON NAMED IN	
SIGNATURE CONTROL HOLEIGEN			PRINT NAME Sergeant A. M. Richerson		
TYPE II PERMIT NUMBER/EXPIRATION DATE 230089 - 5/12/2025			TELEPHONE NUMBER (573) 751-1000		
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: 107971 Version no: 532B

TEST RECORD 01013

Time 210L Temp Date

Air Blank:

07/12/24 13:30 .000

Calibration Check:

22 07/12/24 13:30 .099

Subject Name

Operator Name, I.D.

AS IV Serial no: 107971 Version no: 532B

TEST RECORD 01015

Temp Date Time 210L

Air Blank:

07/12/24 13:33 .000

Calibration Check:

23 07/12/24 13:33 .099

Subject Name

Subject I.D.

1234

Operator Name, I.D.

Richerson 230089

17010 Hwy 87

Boowille

AS IV Serial no: 107971 Version no: 532B

TEST RECORD 01014

Time 210L Temp Date

Air Blank:

07/12/24 13:31 .000

Calibration Check:

23 07/12/24 13:31 .099

Subject Name

Operator Name, I.D.

AS IV Serial no: 107971 Version no: 532B

TEST RECORD 01016

9/ Time 210L Temp Date

VOID: RFI

12 07/12/24 13:34

Subject Name

RFI Test

Subject I.D.

1234

Operator Name, I.D.

Richerson 230089

17010 Hray 87 Boowille



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

ANTHONY M. RICHERSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

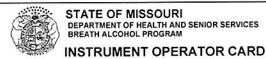
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE5/12/2023	Mike Massur		
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230089	Davla I. nichelson		
EXPIRES 5/12/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Operator RICHERSON, ANTHONY

Permit No 230089

Date Issued 5/12/2023 Date Expires 5/12/2025

