

By Tracy Crews at 7:25 am, Sep 13, 2024



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

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| -unter.  |   |                                  |                      |                                     |   |  |
|--|---|----------------------------------|----------------------|-------------------------------------|---|--|
|  | is report in duplicate at the time<br>Department of Health and Se   |                                  |                      |                                     | er instrument is repaired.                |  |
| ALCO SENSOR<br>107971  | IV SN   | NAME OF AGENCY<br>Missouri State | Highway Patrol       |                                     | INSPECTION                                |  |
|  | INSTRUMENT (STREET AND CITY) TWAY 87, Boonville   |                                  |                      | TIME OF I<br>10:23 PM               | NSPECTION                                 |  |
| 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)   |   |                                  |                      |                                     |   |  |
| <b>✓</b> TEMPE   | TEMPERATURE OF ALCO SENSOR (10°C - 40°C)  |                                  |                      |                                     |   |  |
| PRINTER WORKING PROPERLY   |   |                                  |                      |                                     |   |  |
| TIME AND DATE DISPLAYING PROPERLY  |   |                                  |                      |                                     |   |  |
| BREATH ALCOHOL ACCURACY STANDARDS  |   |                                  |                      |                                     |   |  |
| ✓ SIMULA   | JLATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE  |                                  |                      |                                     |   |  |
| ✓ STAND  | ARD SUPPLIER Guth   | L                                | OT# 23390            | EXP. DATE10/17/2                    | 2025                                      |  |
| ✓ SIMULA   | TOR TEMPERATURE (34°C :   | 0.2°C) 34.0 SI                   | M. SN MP2202         | SIM. NIST EXF                       | DATE 11/20/2024                           |  |
| ☑ 0.10<br>□ 0.00   | 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 🕶 .   | 097 TEST 2 		 .097  |                                  |                      | TEST 3 	 .097                       |   |  |
| ✓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)                          | (.1014) <sup>0</sup> | (.1519) 0                           | (OVER .19) <sup>0</sup>                   |  |
| 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. |   |                                  |                      |                                     |   |  |
|  |   |                                  |                      |                                     |   |  |
|  |   |                                  |                      |                                     |   |  |
|  |   |                                  |                      |                                     |   |  |
| INSPECTIN  | GUHHCHR   |                                  |                      | DOINT NAME                          | ma en |  |
| SIGNATURE MINIPOR  |   |                                  |                      | PRINT NAME Sergeant A. M. Richerson |   |  |
| TYPE II PENIMIT NUMBER/EXPIRATION DATE   |   |                                  |                      | TELEPHONE NUMBER                    |   |  |
| 230089 - 5/  | 12/2025   |                                  |                      | <b>(</b> 573 <b>)</b> 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 01032 Temp Date Time 210L Air Blank: 09/06/24 22:24 .000 Calibration Check: 22 09/06/24 22:24 .097 Subject Name Subject I.D. perator Name, I.D. herson 230089 17010 Hwy 87 Boonville

AS IV Serial no: 107971 Version no: 532B TEST RECORD 01033 Temp Date Time 210L Air Blank: 09/06/24 22:26 .000 Calibration Check: 23 09/06/24 22:26 .097

Subject Name Subject I.D.

1234 Operator Name, I.D.

herson 230089

17010 Hury 87 Boowille

AS IV Serial no: 107971 Version no: 532B

TEST RECORD 01034

9/ Temp Date Time 210L Air Blank: 09/06/24 22:28 .000 Calibration Check: 24 09/06/24 22:28 .097

Subject Name

Test 3 Subject I.D. 123 c/

Operator Name, I.D.

Richerson 230089

17010 Hwy 87 BOOMFille

AS IV Serial no: 107971 Version no: 532B

TEST RECORD 01035

Temp Date Time 210L VOID: RFI 12 09/06/24 22:29

Subject Name

Operator Name, I.D.

Cherron 230089



#### 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°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 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.



## 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.

DATE 5/12/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nucleolson

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 ai in Missouri.

Permit No

RICHERSON, ANTHONY

it No 230089

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

