



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 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 107981	NAME OF AGENCY MSHP	DATE OF INSPECTION 05/01/2024
-----------------------------	------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 891 TECHNOLOGY DRIVE, WELDON SPRING (MOBILE INSTRUMENT)	TIME OF INSPECTION 11:20 am
---	--------------------------------

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, INC.</u> LOT # <u>23180</u> EXP. DATE <u>05/17/2025</u>

<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2459</u> SIM. NIST EXP DATE <u>01/18/2025</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 .102	TEST 2 .103	TEST 3 .101
--------------	--------------	--------------

- 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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	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).

TIME CORRECTED

INSPECTING OFFICER

SIGNATURE 	PRINT NAME A. MICHELS
---------------	--------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE PERMIT # 230300, EXPIRES 12/11/2025	TELEPHONE NUMBER (636) 300-2800
--	------------------------------------

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: 107981
Version no: 532B

TEST RECORD 00375

Temp Date Time ^{s/} 210L

Air Blank:
05/01/24 11:21 .000
Calibration Check:
21 05/01/24 11:21 .102

Subject Name

Maint
Subject I.D.

Operator Name, I.D.

A. Michels #230300
Location

Troop C HQ

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00376

Temp Date Time ^{s/} 210L

Air Blank:
05/01/24 11:23 .000
Calibration Check:
21 05/01/24 11:23 .103

Subject Name

Maint
Subject I.D.

Operator Name, I.D.

A. Michels #230300
Location

Troop C HQ

AS IV Serial no: 107981
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00377

Temp Date Time ^{s/} 210L

Air Blank:
05/01/24 11:32 .000
Calibration Check:
-22 05/01/24 11:32 .101

Subject Name

Maint
Subject I.D.

Operator Name, I.D.

A. Michels #230300
Location

Troop C HQ

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00378

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/01/24 11:36

Subject Name

Maint
Subject I.D.

Operator Name, I.D.

A. Michels #230300
Location

Troop C HQ



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

RECEIVED
By Tracy Crews at 3:20 pm, Nov 07, 2023

APPROVED
By Brianna Medrano at 1:48 pm, Dec 07, 2023

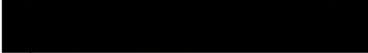


MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE Permit # 210321, Expires 12/16/2023
--	--

PRINT FULL NAME Adam J. Michels	TITLE Corporal	AGE 38
------------------------------------	-------------------	-----------



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

DEPARTMENT OR TROOP MSHP Troop C	TELEPHONE (636) 300-2800
-------------------------------------	-----------------------------

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
891 Technology Drive, Weldon Spring, Missouri 63304

EMAIL ADDRESS
adam.michels@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 ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
Sept. 2010	MSHP Training Academy	40	Datamaster	<input type="checkbox"/>	Cummings
Feb. 2016	Troop F HQ	8	Alco-Sensor IV w/ Printer	<input checked="" type="checkbox"/>	Cleveland
May/Jun 16	MSHP Training Academy	40	Alco-Sensor IV w/ Printer (General)	<input checked="" type="checkbox"/>	Day
				<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	42 OK BLM	5 SELF-TESTS OK BLM
2.		
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 	DATE 10/13/2023
----------------------------	--------------------

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
1903 Northwood Drive, Suite #4
Poplar Bluff, MO 63901