

By Tracy Crews at 3:16 pm, Jan 23, 2025



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 a | at the time o | f the regular month | ly preventativ | e maintena | nce check, and | whenev | er instrument is repaired. | |
|---|---------------|--|-----------------|---------------|-----------------------------|-------------------------------|-----------------------------|--|
| Send copy to Department of Healt | h and Senio | r Services; retain or | riginal in depa | artment file. | | | | |
| ALCO SENSOR IV SN 107990 | | NAME OF AGENCY Missouri State Highway Patrol | | | | DATE OF INSPECTION 12/01/2024 | | |
| LOCATION OF INSTRUMENT (STREET AN Troop B, Zone 6 Office Kahoka | | | | | TIME OF INSPECTION 10:04 am | | | |
| CHECKLIST: Place a mark in the t | | | | | within establishe | ed 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 | | | | | | | | |
| ✓ SIMULATOR SOLUTION □ COMPRESSED ETHANOL-GAS MIXTURE | | | | | | | | |
| ☑ STANDARD SUPPLIER Guth Labs LOT # 23390 EXP. DATE 10/17/2025 | | | | | | | | |
| SIMULATOR TEMPERATURE | E (34°C ± 0.2 | 2°C)34.02 | SIM. SN | MP2120 |) SIM. N | IIST EXF | DATE <u>04/25/2025</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 ▼ 0.099 | | TEST 2 ▼ 0.099 | | | TEST 3 	 0.099 | | | |
| ☑ 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 (004) | | (.0509) | (.1014) | | (.1519) | | (OVER .19) | |
| List any new parts and describe a | ny alteration | n or modification the | at was made | to restore | the instrument t | o operat | e satisfactorily and within | |
| established limits (use other side | | | | | | | | |
| INSPECTING OFFICER | | | | | DOINT NAME | | | |
| SIGNATURE | | | | | CPL R. D. Johnson | | | |
| TYPE II PERMIT NUMBER EXPIRATION DATE | | | | | TELEPHONE NUMBER | | | |
| 240036/1-02/05/2026 | | | | | (660) 385-2132 | | | |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email. | | | | | | | | |

DEC 0 1 2024

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01008

Temp Date Time 210L Air Blank: 12/01/24 10:04 .000 Calibration Check: 23 12/01/24 10:04 .099

Subject Name lest 1

Subject I.D.

TEST

Operator Name, I.D.

Trop b, Kahoka

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01010

9/ Time 210L Date

Air Blank:

12/01/24 10:08 .000

Calibration Check: 24 12/01/24 10:08 .099

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Location

Kanoka

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01009

Time 210L Temp Date

Air Blank:

12/01/24 10:06 .000

Calibration Check:

23 12/01/24 10:06 .099

Subject Name

Subject I.D.

Test

Operator Name, I.D.

K. Johnson

Location

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01011

Temp Date Time 210L

UOID: RFI

12 12/01/24 10:08

Subject Name

Subject I.D.

Operator Name, I.D.

K. Johnson

NOP B

Chron



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 TYPE II

RILEY D. JOHNSON

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 PSMo and 206 111 through 206 110 PSMo

| 377.020 tillough 377.041, HSMO and 306.111 through 306.119 HSMO. | Mile Massur |
|--|--|
| DATE2/5/2024 | |
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 240036 | |
| EXPIRES 2/5/2026 | Daves I. Nichelson |
| DI | RECTOR 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 JOHNSON, RILEY

Permit No 240036 Date Issued 2/5/2024

Date Expires 2/5/2026

