

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 7:24 am, Jul 15, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Table 1							
Complete this report in duplicate at the time Send copy to Department of Health and Ser				d whenev	ver instrument is	repaired.	
ALCO, SENSOR IV SN 107995	NAME OF AGENCY Missouri State High		ighway Patrol		DATE OF INSPECTION 07/12/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 1000 City Parkway, Osage Beach, MO				TIME OF INSPECTION			
CHECKLIST: Place a mark in the box by eac	h item if found to be satis	sfactory or if opera	ating within establish	ned limits.	. (Write in observ	ed values	
where determined.) Unmarked items must b							
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	☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER Guth Laborat	STANDARD SUPPLIER Guth Laboratories LOT # 23180 EXP. DATE 05/17/2024						
✓ SIMULATOR TEMPERATURE (34°C ±	SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2315 SIM. NIST EXP DATE 11/20/2024						
 ✓ CALIBRATION CHECK – (ONLY ONE S Run three tests using a standard solution less. Check the box corresponding to the ✓ 0.100% STANDARD - MUST REAL ✓ 0.080% STANDARD - MUST REAL ✓ 0.040% STANDARD - MUST REAL 	on. All three tests must be standard solution bein D BETWEEN 0.095% ard D BETWEEN 0.076% ar	be within ±5% of g used. (PRINTO and 0.105% INCLU and 0.084% INCLU	the standard value OUT ATTACHED) JSIVE JSIVE	and must	t have a spread	of .005 or	
TEST 1 .102	TEST 2 ■ .102	#35	TEST 3 🕶 .1	02			
☑ 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) 1	(.1014)	(.1519)	2	(OVER .19)	1	
List any new parts and describe any alteral established limits (use other side if necessar		was made to res	store the instrument	to opera	te satisfactorily a	and within	
,							
INSPECTING OFFICER	CONTROL SANCTON						
SIGNATURE			J.C. Simpso	n			
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMB	TELEPHONE NUMBER (573) 751-1000					
230135 - 07/06/2025 (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.							

Version no: 107995
Version no: 5328

TEST RECORD 01139
Temp Date Time 210L
Air Blank: 07/12/24 18:22 .000
Calibration Check: 38 07/12/24 18:22 .102
Subject Name
TEST RECORD 01139
Subject Name
TEST 1
Subject Name. 1.D.
Subject T.D.
Operator Name. 1.D.
Cocation

Operator Name. 1.D.
Cocation

Operator CITY PICULY

OSA 66 REACH, MC

S.C. STMPSon Air Blank: 07/12/24 18:25 Calibration Check: 35 07/12/24 18:25 1000-Subject 1.D. Temp 05460 Subject Name AS IV Serial no: 107995 Version no: 5328 _ocat ion TEST RECORD 01140 SIMPSON, C774 Date BEACH MG Time 2:0L - LMNC 230135 -.0 .000

AS IV Serial no: 107995
Version no: 5328

TEST RECORD 01141
Temp Date Time 210L
Air Blank: 18:27 000
Cal: bration Check: 34 07/12/24 18:27 .102
Subject Name

Temp Date Time 210L

Air Blank: 18:27 000
Cal: bration Check: 102
Subject Name

Operator Name. 1.D.

T, C. STMPSON, 230135

Location

LATO CETY PICMY

DEANH, MA

AS IV Serial no: 107995
Version no: 5328

TEST RECORD G:142
Temp Date Time 2901
VOID: RF1
12 07/12/24 18:29
Subject Name
QFI
Subject I.D.
Operator Name. I.D.
Operator Name. I.D.
Location
Locat



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

JUSTICE SIMPSON

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	7/6/2023	Mike Massur
DAIL	n was a	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230135	Daves J. Nichelson
EXPIRES	7/6/2025	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 air in Missouri.

Operator SIMPSON, JUSTICE Permit No 230135

Date Issued 7/6/2023 Date Expires 7/6/202

