



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

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in du<br>Send copy to Department   |  |   |   |                      | whenever  | r instrument is repaired. |
|---|--|---|---|----------------------|-----------|---------------------------|
| LCC CENTON II OII   |  | NAME OF AGENCY Missouri State   | ME OF AGENCY<br>lissouri State Highway Patrol                   |                      | 07/08/202 |                           |
| LOCATION OF INSTRUMENT (STREET AND CITY)  3131 E Kearney, Springfield, Missouri 65803                                     |  |   | 73  | TIME OF INS<br>21:26 | SPECTION  |                           |
| CHECKLIST: Place a mar  | 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 DIS   | PLAYING PROPERL  | .Y  |   |                      |           |                           |
| BREATH ALCOHOL ACC  | URACY STANDARD   | os  |   |                      |           |                           |
| SIMULATOR SOLUT   | ION  |   | COMPRESSE   | D ETHANOL-GA         | AS MIXTU  | RE                        |
| ✓ STANDARD SUPPLI   | ER Guth Laborate   | ories, INCL   | OT# 23390   | EXP. DATE            | 10/17/20  | 025                       |
| SIMULATOR TEMPE   | RATURE (34°C ± 0.2   | 2°C) 33.99 SII  | м. sn <u>МР2418</u>   | SIM. N               | IST EXP   | DATE 12/05/2024           |
| less. Check the box of 0.100% STANDA  | orresponding to the s<br>ARD - MUST READ E<br>ARD - MUST READ E  | All three tests must be tandard solution being BETWEEN 0.095% and BETWEEN 0.076% and BETWEEN 0.038% and | j used. (PRINTOUT A<br>d 0.105% INCLUSIVE<br>d 0.084% INCLUSIVE | ATTACHED)<br>E       | na musi n | nave a spread of .005 or  |
| TEST 1 <b>-</b> .097  | Т  | EST 2 <b>-</b> .099   |   | TEST 3 <b>-</b> .09  | 98        |                           |
| ✓RFI DETECTOR OPE   | RATING   |   |   |                      |           |                           |
| INDICATE THE NUMBER (DO NOT INCLUDE SEL   | 3 - <del>5</del> 55  |   | G RANGES SINCE  | THE LAST MAIN        | NTENANO   | E REPORT:                 |
| REFUSALS  | (004)  | (.0509)   | (.1014)   | (.1519)              |           | (OVER .19)                |
| List any new parts and destablished limits (use off   | ner side if necessary)   |   |   |                      |           | JTES                      |
| INSPECTING OFFICER  |  |   |   | PRINT NAME           |           |                           |
| SIGNATURE #727  |  |   | D W Henley #727   |                      |           |                           |
| 240144 6/28/2026  |  |   |   | ( 417 ) 895 - 6868   |           |                           |
| Return completed repor  |  | ohol Program, MO De<br>x, or email.   | partment of Health a  | nd Senior Service    | es, South | east District Office      |

| 3271  | <u>ر</u>    | 2191 | 999                           |
|---|-------------|------|-------------------------------|
| 10: 18<br>32B                               | 6229        | Time | 1:27                          |
| AS IV Serial no: 108271<br>Version no: 532B | TEST RECORD | Date | Blank:<br>07/08/24 21:27 .000 |
| AS IV                                       | TE          | Temp | Air B                         |

| 216  | . 886 | .097                                      |
|------|-------|---|
| Time | 21:27 | 21:27                                     |
| Date |       | 22 07/08/24                               |
| ТемР | Air   | Call 22 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
|      |       |   |

| N.            |
|---------------|
| Subject 1. D. |
|               |

Subject 1.D.

W HENEY #727 SISI E KEARNEY Deerator Name, I.D. Location

Springfield MO My #22

Temp Date Time 210L Air Blank: 67/08/24 21:29 .000 Calibration Check: 22 07/08/24 21:29 .099 AS IV Serial no: 108271 Version no: 532B TEST RECORD 00780 Subject Name TEST A Version no:

W HENLEY #727 SISI E KENRUEY SORTMETELD, MO 104 400 Operator Name, I.D. Location

Air Blank: 07/08/24 21:30 .000 Calibration Check: 23 07/08/24 21:30 .098 210L AS IV Serial no: 188271 Version no: 532B TEST RECORD 80781 Date Time Subject Name Subject I.D. TEST Temp

D W HENEY#727 Sparnofaeld, Ma SISI E KEARWEY 122# TOM Operator Name, I.D. Location

Temp Date Time 210L AS IV Serial not 108271 Version not 532B TEST RECORD 00782 UOID: RFI 12 07/08/24 21:32 Subject Name RFI

OW HENLEY#20 Operator Name, I.D. Subject I.D. Cocation

Sparngerell Mo 3131 E KEARNEY



#### 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

## DAVID W. HENLEY, JR.

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.

| - · (19919994     | Wike Wason                                    |
|-------------------|---|
| DATE6/28/2024     | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY    |
| NUMBER 240144     | Daves I. Nichelson                            |
| EXPIRES 6/28/2026 | DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES |
|                   | LARA (BRAIC                                   |

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 HENLEY, JR., DAVID

Permit No 240144

Date Issued 6/28/2024 Date Expires 6/28/2026

