

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

# RECEIVED By Tracy Crews at 6:58 am, Dec 31, 2024

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

REPORT #7

- section								
Complete this report in duplicate at the time Send copy to Department of Health and Seni						d whenev	er instrument is r	epaired.
ALCO SENSOR IV SN 108272						DATE OF INSPECTION 12/30/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 2201 I-70 Drive Northwest Columbia, Missouri 65202						TIME OF INSPECTION 10:45 pm		
CHECKLIST: Place a mark in the box by each				perating	within establish	ed limits.	(Write in observe	d values
where determined.) Unmarked items must be	corrected before	re using	instrument.	-				
☑ DIGITAL READOUT (ALL ELEMENTS C	PERATIONAL)							
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)								
✓ PRINTER WORKING PROPERLY								
☑ TIME AND DATE DISPLAYING PROPERLY								
BREATH ALCOHOL ACCURACY STANDA	RDS							
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE								
STANDARD SUPPLIER Guth LOT # 23390 EXP. DATE 10/17/2025								
☑ SIMULATOR TEMPERATURE (34°C ± 0	).2°C)34.01	SI	M. SN	MP242	.7 SIM. I	VIST EXF	DATE <u>04/03/2</u>	025
Run three tests using a standard solution less. Check the box corresponding to the   0.100% STANDARD - MUST READ   0.080% STANDARD - MUST READ   0.040% STANDARD - MUST READ	standard solution BETWEEN 0.0 BETWEEN 0.0	on being 95% an 76% an	used. (PRIN d 0.105% INC d 0.084% INC	ITOUT A CLUSIVE CLUSIVE	ATTACHED) E E	and must	have a spread o	f .005 or
TEST 1 <b>◆</b> 0.102	TEST 2 <b>▼</b> 0.102				TEST 3 ▼ 0.103			
☑ RFI DETECTOR OPERATING								
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED		LOWIN	G RANGES	SINCE	THE LAST MAI	NTENAN	ICE REPORT:	
REFUSALS 0 (004) 0	(.0509)	0	(.1014)	3	(.1519)	1	(OVER .19)	1
List any new parts and describe any alteration established limits (use other side if necessar Tested within DHSS Standards		on that v	vas made to	restore	the instrument	to operat	e satisfactorily ar	nd within
er e	ž.							
INSPECTING OFFICER			AUGUS CONTRACTOR					
SIGNATURE					PRINT NAME Trooper D. L. Holliday			
TYPE III PERMIT NUMBER/EXPIRATION DATE				TELEPHONE NUMBER				
240204/ 09-06-2026					(573) 751-10	JUU		
Return completed report to the: Breath A by mail,	lcohol Program, fax, or email.	MO De	partment of H	lealth a	nd Senior Servi	ces, Sout	theast District Offi	ce

AS IV Serial no: 188272 Version no: 5371

TEST RECORD 01426

210L Time Temp Date

Air Blank: 12/30/24 22:47 .000

Calibration Check: 26 12/38/24 22:47 .182

Subject Name

lest

I.D. Subject

Operator Name, J.D.

240204

I-70 D, NW

Columbia, MO

AS IV Serial no: 108272 Version no: 532D

TEST RECORD 01427

Date 210L Time Air Blank:

12/30/24 22:49 .000

Calibration Check: 27 12/30/24 22:49 .182

Subject Name

Subject I.D.

Test 2

Operator Name, I.II. Holliday 140204 2201 1 70 0 N

Location

I-70 Dr NU

AS IV Serial no: 188272 Version no: 532B

TEST RECORD 01428

Temp Date Time 210L

Air Blank:

12/30/24 22:51 .000

Calibration Check:

27 12/30/24 22:51 .183

Subject Name

Test 3

Subject I.D.

Test 3

Operator Name, I.D.

Holliday 240204

2201 I.70 DANU

AS IV Serial no: 168272 Version no: 532B 61429 Тіме 12 12/38/24 22:52 TEST RECORD Date



#### 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 L. HOLLIDAY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

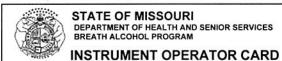
### ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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 9/6/2024	adam / fuli
DAIL	DIRECTOR S. STATE PUBLIC HEALTH LABORATORY
NUMBER 240204	
EXPIRES 9/6/2026	Davla I. Nichelson
10 (00 0774 (6 10)	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

Operator HOLLIDAY, DAVID

Permit No 240204

Date Expires 9/6/2026 Date Issued 9/6/2024

