

### 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 Send copy to Department of Health and Sen	of the regular monthly lior Services; retain original	preventative mainter	nance check, and v	whenever instrument is repaired.	
ALCO SENSOR IV SN 108391	NAME OF AGENCY MSHP Troop F		1 1790	ATE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock, Jefferson City, M	lissouri		0.00	ME OF INSPECTION :20 pm	
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be	n item if found to be satis	factory or if operating			
☑ DIGITAL READOUT (ALL ELEMENTS (		instrument.		7.000	
✓ TEMPERATURE OF ALCO SENSOR (1)					
	<del></del>				
☑ TIME AND DATE DISPLAYING PROPE	RLY				
BREATH ALCOHOL ACCURACY STANDA		***************************************		The State of the S	
☑ SIMULATOR SOLUTION		☐ COMPRESSE	D ETHANOL-GAS	MIXTURE	
✓ STANDARD SUPPLIER Guth Laborate	ories L	OT # <u>23390</u>	EXP. DATE 1	0/17/2025	
✓ SIMULATOR TEMPERATURE (34°C ± 0	0.2°C)34.02 SII	M. SNMP241	-	ST EXP DATE _11/20/2024	
0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.076% and	0.084% INCLUSIV	E		
TEST 1 • 0.098%	TEST 2 <b>▼</b> 0.098%		TEST 3 <b>▼</b> 0.098%		
✓ RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	TS IN THE FOLLOWIN TESTS)	G RANGES SINCE	THE LAST MAINT	ENANCE REPORT:	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 2	
List any new parts and describe any alteration established limits (use other side if necessary All checks normal.	on or modification that v	vas made to restore	the instrument to	operate satisfactorily and within	
INSPECTING OFFICER	Company of the Compan				
SIGNATURE MILH VI Z9,Z			PRINT NAME		
TYPE II PERMIT NUMBER/EXPIRATION DATE			Matthew D. Eas	ston	
230127 / 06/20/2025			(573) 751-1000		
Return completed report to the: Breath Alby mail, for	cohol Program, MO Dep ax, or email.	partment of Health ar	nd Senior Services	, Southeast District Office	

AS IV Serial not 108391
Version no: 5328

TEST RECORD 00939
9/
Temp Date Time 210L
Air Blank: 89/38/24 19:28 .000
Calibration Check: 27 09/38/24 19:28 .098

Subject Name
Test |
Subject I.D.

Operator Name, J.D.
M.O. Easter 230127
Location
Incomp F HQ

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#### 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:

1

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

## MATTHEW D. EASTON

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.

DATE6/20/2023	6/20/2023	/ (ike / lassmi
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230127	
EXPIRES	6/20/2025	Davla J. Nichelson
		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 EASTON, MATTHEW

Permit No 230127

