



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 9:58 am, Sep 10, 2024

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN <u>111330</u>	NAME OF AGENCY <u>MISSOURI STATE HIGHWAY POLICE</u>	DATE OF INSPECTION <u>9-9-2024</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>2400 N SHAMROCK RD JEFFERSON CITY</u>		TIME OF INSPECTION <u>0929</u>

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIES</u> LOT # <u>23390</u> EXP. DATE <u>10-17-25</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2316</u> SIM. NIST EXP DATE <u>10-5-24</u>	
<input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE	

TEST 1 <u>.102</u>	TEST 2 <u>.101</u>	TEST 3 <u>.101</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>2</u>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

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<b>INSPECTING OFFICER</b>	
SIGNATURE <u>[Signature]</u>	PRINT NAME <u>RYAN HUTTON #997</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240150 7-9-2026</u>	TELEPHONE NUMBER <u>(573) 508 573-751-9943</u>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111330  
Version no: 532B

TEST RECORD 00865

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/29/24 09:47 .000  
Calibration Check:  
22 09/29/24 09:47 .102

Subject Name

~~Ryon~~ RYON HUTTON

Subject I.D.

#997 240150

Operator Name, I.D.

TEST # 2

Location

TROP F RADIO

AS IV Serial no: 111330  
Version no: 532B

TEST RECORD 00866

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/29/24 09:49 .000  
Calibration Check:  
23 09/29/24 09:49 .101

Subject Name

RYON HUTTON

Subject I.D.

#997 240150

Operator Name, I.D.

TEST # 2

Location

TROP F RADIO

AS IV Serial no: 111330  
Version no: 532B

TEST RECORD 00867

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
09/29/24 09:50 .000  
Calibration Check:  
23 09/29/24 09:50 .101

Subject Name

RYON HUTTON

Subject I.D.

#997 240150

Operator Name, I.D.

TEST # 3

Location

TROP F RADIO

AS IV Serial no: 111330  
Version no: 532B

TEST RECORD 00868

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 09/29/24 09:51

Subject Name

RYON HUTTON

Subject I.D.

#997 240150

Operator Name, I.D.

TROP F RADIO

Location



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

### 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L**  $\pm$  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.*



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP2316 Manufacturer: Guth
Model Number: 12V500
Agency: MSHP (GHQ)
Agency Address: 1510 E ELM ST, JEFFERSON CITY, MO 65101

NIST THERMOMETER INFORMATION

Serial Number: 306168 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 11/22/2022 Date of Expiration: 11/22/2023

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (34.00), NIST Average (34.01), Combined Uncertainty (.03)

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 10/5/2023
Certification Expiration: 10/5/2024
Simulator testing technician: J. CLEVELAND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: MP2316\_1052023

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT**  
**TYPE II**  
**RYAN L. HUTTON**

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 7/9/2024

NUMBER 240150

EXPIRES 7/9/2026

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave L. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **STATE OF MISSOURI**  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*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 HUTTON, RYAN  
 Permit No 240150  
 Date Issued 7/9/2024 Date Expires 7/9/2026

