By Tracy Crews at 8:17 am, Jul 23, 2024

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in d Send copy to Departmen | luplicate at the time | of the regular monthly lior Services; retain orig | preventative mainter inal in department file | nance check, and v | whenever instrument is repaired. |
|---|--|---|---|-------------------------------------|--|
| ALCO SENSOR IV SN 111331 | | NAME OF AGENCY Missouri State | e Highway Patro | | DATE OF INSPECTION 07/09/2024 |
| LOCATION OF INSTRUMENT (3131 E Kearney, Sp | | | | Т | IME OF INSPECTION 18:00 |
| CHECKLIST: Place a ma where determined.) Unm | | | | g within established | d limits. (Write in observed values |
| ✓ DIGITAL READOUT | | | | | |
| ▼ TEMPERATURE OF | ALCO SENSOR (1 | 0°C - 40°C) | | | |
| PRINTER WORKING | 3 PROPERLY | | | | -512-45363-45-45-45-45-45-45-45-45-45-45-45-45-45- |
| TIME AND DATE DIS | SPLAYING PROPE | RLY | | | |
| BREATH ALCOHOL AC | CURACY STANDA | RDS | | | |
| SIMULATOR SOLUT | rion . | | COMPRESSE | D ETHANOL-GAS | MIXTURE |
| STANDARD SUPPLI | IER Guth Labora | atories, INC | LOT # 23390 | EXP. DATE _ | 10/17/2025 |
| SIMULATOR TEMPE | RATURE (34°C ± 0 |).2°C) 33.99 si | м. sn <u>MP2418</u> | SIM. NIS | ST EXP DATE 12/05/2024 |
| less. Check the box of 0.100% STAND/ 0.080% STAND/ | corresponding to the ARD - MUST READ ARD - MUST READ | n. All three tests must be standard solution being BETWEEN 0.095% and BETWEEN 0.076% and BETWEEN 0.038% and | g used. (PRINTOUT / id 0.105% INCLUSIV id 0.084% INCLUSIV | ATTACHED) E E | d must have a spread of .005 or |
| TEST 1 - .096 | | TEST 2 - .097 | | TEST 3 - .09 | 7 |
| ✓RFI DETECTOR OPE | RATING | | | | |
| INDICATE THE NUMBER (DO NOT INCLUDE SEL | | | IG RANGES SINCE | THE LAST MAINT | TENANCE REPORT: |
| REFUSALS | (004) 1 | (.0509) 1 | (.1014) 2 | (.1519) 1 | (OVER .19) |
| established limits (use oth | ner side if necessary | y). | | | operate satisfactorily and within |
| INSPECTING OFFICER | | | | | |
| TYPE II PERMIT NUMBERIEXPIRATI | #727 | | | | d W Henley |
| TYPE II PERMIT NOMBERIEXPIRATI | 240144 | expires 6/28/ | 2026 | TELEPHONE NUMBER (417) 895- 68 | 868 |
| Return completed repor | | lcohol Program, MO De fax, or email. | partment of Health ar | nd Senior Services | s, Southeast District Office |

| S.IV Serial no: 111331 AS IV Seria Ersion no: 532B | TEST RECORD 01141, TEST REC | np Date Time 210L Temp Date | . 986 | 22 87/89/24 18:85 .896 22 87/89/24 |
|---|-----------------------------|-----------------------------|--------|------------------------------------|
| NS IV | TES | Temp | Air B1 | Callbr 22 87 |

| | | 197 |
|--------|--------|----------------|
| | | 1.D. |
| Name - | ë | Name, HEW E |
| Sect N | Sect 1 | Operator W |
| ans | SG. | 1 a 4 |

| ame, I.D. EV 任 74727 | KEARNEY | |
|---|----------|--|
| Operator Name, O M $H \in \mathcal{M}$ | Location | |

SOUTH GFIELD, MO

| TH Carried and 444004 | | |
|--|---------------------------|------------|
| sion no: 532B | AS IV Serial no: 111331 | 12 |
| TEST RECORD 01142 | TEST RECORD 01143 | |
| TP Date Time 210L | 9/ Temp Date Time 210L | 9, 210I |
| Blank: 87/89/24 18:86 .888 | Air Blank: | 9 |
| 10ration Check: 87/89/24 18:06 .097 | Calibration Check: | 9 6 |
| | 0. 10.01 17/2010 04 | |

| 757 | Ę |
|-------------|-------------|
| 1.D. | CEARNE |
| Name, | Ϋ́Ε |
| ator N W | ion 31 E |
| Pera O | S(3 |

3131 E KEARNEY

Location

HEWIEY # 72>

Operator Name, I.D.

SOCINGFIELD, MO

CEL# 12

SOCINGETELL MO

Temp Date Time 210L AS IV Serial no: 111331 Version no: 532B D. U. HENLEY # 727 SperweFIFLY MO TEST RECORD 01144 3131 E KEARNEY Lec # & 87 OPerator Name, I.D. 00ID: RFI 12 07/09/24 18:08 Subject I.D. Subject Name 合行 Locat ion

TEST 3

Subject I.D.

Subject Name

Subject Name

Subject I.D. IEST



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



LAB-4 (R6-10)

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

MO 580-0771 (6-10)



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





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.