



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 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 111333	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 6/9/24
LOCATION OF INSTRUMENT (STREET AND CITY) 17010 Highway 87, Boonville		TIME OF INSPECTION 8:00 PM

**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</u>	LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP2202</u> SIM. NIST EXP DATE <u>11/20/2024</u>

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 ← .102	TEST 2 ← .103	TEST 3 ← .102
---------------	---------------	---------------

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 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 1	(OVER .19) 1
------------	-----------	-------------	-------------	-------------	--------------

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).

Tested within DHSS standards.

---



---



---

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Sergeant A. M. Richerson
TYPE II PERMIT NUMBER/EXPIRATION DATE 230089 - 5/12/2025	TELEPHONE NUMBER (573 ) 751-1000

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: 111333  
Version no: 532B

TEST RECORD 01090

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

Air Blank:  
06/09/24 20:02 .000  
Calibration Check:  
20 06/09/24 20:02 .102

Subject Name

Test 1

Subject I.D.

1234

Operator Name, I.D.

Richerson 230089

Location

17010 Hwy 87

Boonville

AS IV Serial no: 111333  
Version no: 532B

TEST RECORD 01091

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

Air Blank:  
06/09/24 20:04 .000  
Calibration Check:  
21 06/09/24 20:04 .103

Subject Name

Test 2

Subject I.D.

1234

Operator Name, I.D.

Richerson 230089

Location

17010 Hwy 87

Boonville

AS IV Serial no: 111333  
Version no: 532B

TEST RECORD 01092

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

Air Blank:  
06/09/24 20:06 .000  
Calibration Check:  
21 06/09/24 20:06 .102

Subject Name

Test 3

Subject I.D.

1234

Operator Name, I.D.

Richerson 230089

Location

17010 Hwy 87

Boonville

AS IV Serial no: 111333  
Version no: 532B

TEST RECORD 01093

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

VOID: RFI  
12 06/09/24 20:07

Subject Name

RFI Test

Subject I.D.

1234

Operator Name, I.D.

Richerson 230089

Location

17010 Hwy 87

Boonville



## 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.*



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

2

**PERMIT**  
**TYPE II**  
**ANTHONY M. RICHERSON**

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 5/12/2023

NUMBER 230089

EXPIRES 5/12/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Richerson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

**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** RICHERSON, ANTHONY  
**Permit No** 230089  
**Date Issued** 5/12/2023 **Date Expires** 5/12/2025

