



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 10/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 2201 I-70 Drive Northwest Columbia, Missouri 65202		TIME OF INSPECTION 9:34 am

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>34.02</u>	SIM. SN <u>MP2427</u> SIM. NIST EXP DATE <u>04/03/2025</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 ➔ 0.101	TEST 2 ➔ 0.100	TEST 3 ➔ 0.101
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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	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

Calibration (0.100)

INSPECTING OFFICER

SIGNATURE <i>D Holliday</i>	PRINT NAME Trooper D. L. Holliday
TYPE II PERMIT NUMBER/EXPIRATION DATE 240204/ 09-06-2026	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 01134

Temp	Date	Time	a/ 210L
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Air Blank:
10/02/24 09:36 .000
Calibration Check:
24 10/02/24 09:36 .100

Subject Name

Calibration

Subject I.D.

Calibration

Operator Name, I.D.

D Holliday 240204

Location

2201 I 70 Dr Northwest

Columbia, Mo

AS IV Serial no: 111333
Version no: 532B

TEST RECORD 01135

Temp	Date	Time	a/ 210L
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Air Blank:
10/02/24 09:37 .000
Calibration Check:
24 10/02/24 09:37 .101

Subject Name

Acc 1

Subject I.D.

Acc 1

Operator Name, I.D.

D Holliday 240204

Location

2201 I 70 Dr Northwest

Columbia, Mo

AS IV Serial no: 111333
Version no: 532B

TEST RECORD 01136

Temp	Date	Time	a/ 210L
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Air Blank:
10/02/24 09:39 .000
Calibration Check:
24 10/02/24 09:39 .100

Subject Name

Acc 2

Subject I.D.

Acc 2

Operator Name, I.D.

D Holliday 240204

Location

2201 I 70 Dr Northwest

Columbia, Mo

AS IV Serial no: 111333
Version no: 532B

TEST RECORD 01137

Temp	Date	Time	a/ 210L
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Air Blank:
10/02/24 09:40 .000
Calibration Check:
24 10/02/24 09:40 .101

Subject Name

Acc 3

Subject I.D.

Acc 3

Operator Name, I.D.

D Holliday 240204

Location

2201 I 70 Dr Northwest

Columbia, Mo

AS IV Serial no: 111333
Version no: 532B

TEST RECORD 01138

Temp	Date	Time	a/ 210L
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VOID: RFI
12 10/02/24 09:42

Subject Name

RFI Test

Subject I.D.

RFI Test

Operator Name, I.D.

D Holliday 240204

Location

2201 I 70 Dr Northwest

Columbia, Mo



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

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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

NUMBER 240204

EXPIRES 9/6/2026

Adam J. Puli

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 HOLLIDAY, DAVID
 Permit No 240204
 Date Issued 9/6/2024 Date Expires 9/6/2026

