

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Brian Lutmer at 9:55 am, Nov 04, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

- THEFT.		
Complete this report in duplicate at the time o Send copy to Department of Health and Senio		ance check, and whenever instrument is repaired.
ALCO SENSOR IV SN 111333	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 2201 I-70 Drive Northwest Columbia, Miss	souri 65202	TIME OF INSPECTION 7:30 pm
CHECKLIST: Place a mark in the box by each i	tem if found to be satisfactory or if operating	within established limits. (Write in observed values
where determined.) Unmarked items must be	30 Print 1 - 1 Print 1	, , , , , , , , , , , , , , , , , , , ,
DIGITAL READOUT (ALL ELEMENTS OF	PERATIONAL)	
TEMPERATURE OF ALCO SENSOR (10	°C - 40°C)	(80)
✓ PRINTER WORKING PROPERLY	4	*
☑ TIME AND DATE DISPLAYING PROPERI	LY	
BREATH ALCOHOL ACCURACY STANDARI	DS	
☑ SIMULATOR SOLUTION		D ETHANOL-GAS MIXTURE
✓ STANDARD SUPPLIER Guth	LOT # 23390	EXP. DATE 10/17/2025
✓ SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) 34.01 SIM. SN MP242	7 SIM. NIST EXP DATE <u>04/03/2025</u>
less. Check the box corresponding to the s 0.100% STANDARD - MUST READ E 0.080% STANDARD - MUST READ E		E E
TEST 1 ▼ 0.102	EST 2 • 0.102	TEST 3 0.102
☑ RFI DETECTOR OPERATING	8	
INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED T		THE LAST MAINTENANCE REPORT:
REFUSALS 0 (004) 5	(.0509) 0 (.1014) 0	(.1519) 1 (OVER .19) 0
	n or modification that was made to restore	the instrument to operate satisfactorily and within
INSPECTING OFFICER		
SIGNATURE		PRINT NAME Trooper D. L. Holliday
TYPE II PERMIT NUMBERIE XPIRATION DATE		TELEPHONE NUMBER
240204/ 09-06-2026		(573) 751-1000
Return completed report to the: Breath Alc	ohol Program, MO Department of Health a	nd Senior Services, Southeast District Office

by mail, fax, or email.

AS IV Serial no: 111333 Version no: 532B

TEST RECORD 01149

Temp Date Time 210L

Air Blank: 11/03/24 19:46 .000 Calibration Check:

21 11/03/24 19:46 .102

Subject Name

Acc 1

Subject I.D.

Acc 1

Operator Name, I.D.

2201 I 70 Dr NW

Colombia Mo 65202

AS IV Serial no: 111333 Version no: 532B

TEST RECORD 01151

Temp Date Time 210L

Air Blank:

11/03/24 19:49 .000

Calibration Check: 22 11/03/24 19:49 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Holliday 240204

Location

2201 I 70 Or NW

Colombia no 65202.

AS IV Serial no: 111333 Version no: 532B

TEST RECORD 01150

Temp Date Time 210L

Air Blank:

11/03/24 19:48 .000

Calibration Check:

21 11/03/24 19:48 .102

Subject Name

Subject I.D.

Hcc 2

Operator Name, I.D.

Holliday 240204

2201 I 70 D-NW

Columbia mo 65202

AS IV Serial no: 111333 Version no: 532B

TEST RECORD 01152

Temp Date Time 210L

VOID: RFI

12 11/03/24 19:50

Subject Name

RFI Test

Subject I.D.

12FI Test

Operator Name, I.D.

Hollidas 240204 Location

2201 I 70 Dr NW

Columbia mo 65202



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.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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):

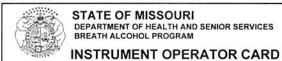
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE9/6/2024	adam / fuli
DATE	DIRECTOR S. STATE PUBLIC HEALTH LABORATORY
NUMBER 240204	De a loin
EXPIRES 9/6/2026	Davis J. Nichelson DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES
	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 HOLLIDAY, DAVID

Permit No 240204

Date Issued 9/6/2024 Date Expires 9/6/2026

