

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 7:14 am, Dec 31, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of t Send copy to Department of Health and Senior S				wnenev	er instrument is i	repaired.	
ALCO SENSOR IV SN 111333	NAME OF AGENCY Missouri State Highway Patrol				DATE OF INSPECTION 12/30/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 2201 I-70 Drive Northwest Columbia, Misso		TIME OF INSPECTION 11:15 pm					
CHECKLIST: Place a mark in the box by each ite			within establishe	ed limits.	(Write in observe	d values	
where determined.) Unmarked items must be co	prrected before using	instrument.					
	RATIONAL)						
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
✓ PRINTER WORKING PROPERLY					S.		
☑ TIME AND DATE DISPLAYING PROPERLY	′						
BREATH ALCOHOL ACCURACY STANDARDS	S						
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE							
✓ STANDARD SUPPLIER Guth	STANDARD SUPPLIER Guth LOT # 23390 EXP. DATE 10/17/2025						
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°	C) 34.01 SIM	M. SNMP242	7 SIM. N	IIST EXF	DATE 04/03/2	025	
Run three tests using a standard solution. A less. Check the box corresponding to the sta 0.100% STANDARD - MUST READ BE 0.080% STANDARD - MUST READ BE 0.040% STANDARD - MUST READ BE	andard solution being ETWEEN 0.095% and ETWEEN 0.076% and	used. (PRINTOUT A I 0.105% INCLUSIVE I 0.084% INCLUSIVE	ATTACHED)	nd must	have a spread o	f .005 or	
TEST 1 0.102	TEST 2 0.101			TEST 3 0.102			
	*						
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		G RANGES SINCE	THE LAST MAIN	NTENAN	ICE REPORT:		
REFUSALS 0 (004) 0 (.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	0	
List any new parts and describe any alteration of established limits (use other side if necessary).	or modification that w	vas made to restore	the instrument t	o operat	e satisfactorily ar	nd within	
Tested within DHSS Standards							
8							
al and a second							
INSPECTING OFFICER SIGNATURE			PRINT NAME				
me halles			Trooper D. L.		у		
TYPE II PERMIT NUMBER/EXPIRATION DATE 240204/ 09-06-2026			(573) 751-10				
Return completed report to the: Breath Alcoh by mail, fax,		partment of Health ar	nd Senior Servic	es, Sout	heast District Offi	ce	

AS IV Serial no: 111333
Version no: 532B

TEST RECORD 01160

Jens Date Time 210L

Air Blank:
12/30/24 23:17 .000
Calibration Check:
23 12/30/24 23:17 .102

Subject Name

Acc |
Subject I.D.

Acu |
Operator Name, I.D.

Hollday 240204
Location

220(T-70 Dr NU

AS IV Serial no: 111333 Version no: 532B TEST RECORD 01161 Temp Date Time 210L Air Blank: 12/30/24 23:18 .000 Calibration Check: 23 12/30/24 23:18 .101 Subject Name Hcc2 Subject I.D. Operator Name, I.D. Hollides 240 204

AS IV Serial no: 111333
Version no: 532B

TEST RECORD 01162

Temp Date Time 210L

Air Blank:
12/30/24 23:20 .000
Calibration Check:
23 12/30/24 23:20 .102

Subject Name

Acc 3
Subject I.D.

Acc 3
Operator Name, I.D.

Halliday 2000
Location
2001 I-70 Dr N D

Columbia, No

111333	01163	210L					7	טט	
no: 1 532B		Time	23:21			e, I.D	340304	2	3
IV Serial sion no:	TEST RECORD	Date	: RFI 12/30/24 23:21	ct Name	fet 1.1.	tor Name,	4	ron 70	mbre r
AS IV Seria Version no	TES	Temp	.001D:	Subject RFL	Subject 227	100	Hollides	2201 I	Columbia



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				
DAIL	DIRECTOR STATE PUBLIC HEALTH LABORATORY				
NUMBER 240204					
EXPIRES 9/6/2026	Davla I. Nichelson				
	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

