

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 10:20 am, Jun 10, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Value of the same		
Complete this report in duplicate at the t Send copy to Department of Health and	Senior Services; retain original in department t	
ALCO SENSOR IV SN 111648	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 891 Technology Drive, Weldon Spring (Mobile Instrument)		TIME OF INSPECTION 1:45 am
CHECKLIST: Place a mark in the box by	each item if found to be satisfactory or if operati	ing within established limits. (Write in observed values
where determined.) Unmarked items mu	st be corrected before using instrument.	
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)		
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)		
✓ PRINTER WORKING PROPERLY		
☑ TIME AND DATE DISPLAYING PROPERLY		
BREATH ALCOHOL ACCURACY STAN		25.000.000.000.000.000
☑ SIMULATOR SOLUTION	☐ COMPRES	SED ETHANOL-GAS MIXTURE
STANDARD SUPPLIER Guth Labor	oritories, INC LOT # 23180	EXP. DATE <u>05/17/2025</u>
SIMULATOR TEMPERATURE (34°C	C ± 0.2°C) 34.00 SIM. SN MP2	2319 SIM. NIST EXP DATE 01/16/2025
less. Check the box corresponding to 0.100% STANDARD - MUST R	olution. All three tests must be within ±5% of the other standard solution being used. (PRINTOL READ BETWEEN 0.095% and 0.105% INCLUSIBEAD BETWEEN 0.076% and 0.084% INCLUSIBEAD BETWEEN 0.038% and 0.042% INCLUSIBEAD BETWEEN 0.038%	SIVE
TEST 1 • 0.100	TEST 2 ▼ 0.101	TEST 3 0.100
☑ RFI DETECTOR OPERATING		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:		
(DO NOT INCLUDE SELF-ADMINISTE	RED TESTS)	1
	0 (.0509) 0 (.1014) 0	(.1519) 0 (OVER .19) 0
List any new parts and describe any all established limits (use other side if necessary)	teration or modification that was made to rest	ore the instrument to operate satisfactorily and within
INSPECTING OFFICER		PRINT NAME
SIGNATURE		Trooper Clay Robert Knox
TYPE II PERMIT NUMBER/EXPIRATION DATE Permit #240025, Expires 01/26/202	26	TELEPHONE NUMBER (636) 300-2800
Return completed report to the: Bre		th and Senior Services, Southeast District Office
1		110.22

AS IV Serial no: 111648 Version no: 5828 TEST RECORD 00535 9/ 210L Temp Date Time Air Blank: 06/05/24 01:45 Calibration Check: 20 06/05/24 01:45 .100 Subject Name Maint Subject I.D. Operator Name, I.D. C. Khox 240025 Location TOOP C

AS IV Serial no: 111648
Version no: 532B

TEST RECORD 00536
9/
Temp Date Time 210L
Air Blank: 06/05/24 01:48 .000
Calibration Check: 21 06/05/24 01:48 .101

Subject Name
Maih+
Subject I.D.

C. Khox 240025
Location
Troop U HQ

AS IV Seria) no: 111648
Version no: 532B

TEST RECORD 00537

Temp Date Time 210L

Air Blank: 06/05/24 01:50 .000
Calibration Check: 22 06/05/24 01:50 .100

Subject Name
Ma.'h+

Subject I.D.

Operator Name, I.B.

C. Khox 240025

Location

Trobpu HQ

AS IV Serial no: 111648
Version no: 582B

TEST RECORD 80538

Temp Date Time 210L

VOID: RFI
12 86/85/74 81:52

Subject Name
Muht

Subject I.D.

Operator Name, I.D.

(Khox 240035

Location

Troop CHQ



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23180 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on May 18, 2023, using a Perkin Elmer Gas Chromatograph
Autosystem XL S/N: 610N9030209, and found to contain 0.1220% (w/vol)
ethyl alcohol. The expiration date for this lot
number is May 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 FN11172002 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 **CLAY KNOX**

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 f	rom a sample of expired air. Permit issued under the provisions of sections
577.020 through 577.041, RSMo and 306.111 through	Mile Massur
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240025	Daves J. nichelson
EXPIRES 1/26/2026	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 a

Operator KNOX, CLAY 240025 Permit No

Date Expires 1/26/2026 Date Issued 1/26/2024

