

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| A STATE OF THE STATE OF   |       |  |                |         |                            |                               |                             |  |
|---|-------|--|----------------|---------|----------------------------|-------------------------------|-----------------------------|--|
| Complete this report in du<br>Send copy to Department   |       |  |                |         |                            | whenev                        | ver instrument is repaired. |  |
| ALCO SENSOR IV SN<br>111648   |       | NAME OF AGENCY Missouri State Highway Patrol |                |         |                            | DATE OF INSPECTION 08/04/2024 |                             |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) 891 Technology Drive, Weldon Spring (Mobile Instrument)  |       |  |                |         | TIME OF INSPECTION 7:46 pm |                               |                             |  |
|   |       |  |                | erating | within establishe          | ed limits.                    | (Write in observed values   |  |
| where determined.) Unmarked items must 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 STANDARDS   |       |  |                |         |                            |                               |                             |  |
| ☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE   |       |  |                |         |                            |                               |                             |  |
| STANDARD SUPPLIER Guth laboritories, INC LOT # 23390 . EXP. DATE 10/17/2025   |       |  |                |         |                            |                               |                             |  |
| ☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2319 SIM. NIST EXP DATE 01/16/2025   |       |  |                |         |                            |                               |                             |  |
| 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)  ✓ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE  ○ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE  ○ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE |       |  |                |         |                            |                               |                             |  |
| TEST 1 <b>☞</b> 0.101   |       | TEST 2 ▼ 0.101                               |                |         | TEST 3 ▼ 0.101             |                               |                             |  |
| ☑ 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  | (004) | (.0509)                                      | (.1014)        | 1       | (.1519)                    | 1                             | (OVER .19)                  |  |
| List any new parts and de<br>established limits (use oth  | 5     |  | vas made to re | estore  | the instrument t           | o operat                      | e satisfactorily and within |  |
| INSPECTING OFFICER  |       |  |                |         |                            |                               |                             |  |
| SIGNATURE MAY VA  |       |  |                |         | Trooper Clay Robert Knox   |                               |                             |  |
| TYPE II PERMIT NUMBER/EXPIRATION DATE   |       |  |                |         | TELEPHONE NUMBER           |                               |                             |  |
| Permit #240025, Expires 01/26/2026  |       |  |                |         | (636) 300-2800             |                               |                             |  |
| 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: 111648
Version no: 532B

TEST RECORD 00543
9/
Temp Date Time 210L

Air Blank: 08/04/24 19:46 .000
Calibration Check: 24 08/04/24 19:46 .101

Subject Name
//GJ//
Subject I.D.

Operator Name, I.D.

C. Khex 240025
Location

Tyoop C HQ

AS IV Serial no: 111648
Version no: 532B

TEST RECORD 00544

'9/
Temp Date Time 210L

Air Blank:
08/04/24 19:49 .000
Calibration Check:
25 08/04/24 19:49 .101

Subject Name
Maint
Subject I.D.

Operator Name, I.D.
C. Khoy 240035
Location
Troop C H Q

AS IV Serial no: 111648
Version no: 532B

TEST RECORD 00545

9/
Temp Date Time 210L

Air Blank: 08/04/24 19:54 .000
Calibration Check: 26 08/04/24 /19:54 .101

Subject Name

Maist
Subject I.B.

Operator Name: I.B.
Location
Troop C HQ

AS IV Serial no: 111648
Version no: 532B

TEST RECORD 00547

9/
Temp Date Time 210L

VOID: RFI
12 08/04/24 19:57

Subject Name
Maiht
Subject I.D.

Operator Name, I.D.

C: Khok 240028

Location
Troop CHQ



#### 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 GUTII 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

## **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):

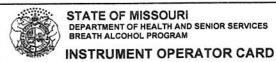
# ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood 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. Mile Massur DATE \_\_\_\_1/26/2024 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 240025 Daves J. Michelson EXPIRES 1/26/2026 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

KNOX, CLAY Operator

Permit No 240025 Date Issued 1/26/2024 Date Expires 1/26/2026

