



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 8:17 am, Sep 03, 2024

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<br>111648   | NAME OF AGENCY<br>Missouri State Highway Patrol | DATE OF INSPECTION<br>09/02/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>891 Technology Drive, Weldon Spring (Mobile Instrument) |   | TIME OF INSPECTION<br>6:46 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 Laboratories, INC</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>   |   |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP2319</u> SIM. NIST EXP DATE <u>01/16/2025</u>   |   |
| <input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)<br>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 ← 0.100 | 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 | (0-.04) | (.05-.09) | (.10-.14) 1 | (.15-.19) | (OVER .19) |
|----------|---------|-----------|-------------|-----------|------------|

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).

**INSPECTING OFFICER**

|   |  |
|---|--|
| SIGNATURE<br>   | PRINT NAME<br>Trooper Clay Robert Knox |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>Permit #240025, Expires 01/26/2026 | TELEPHONE NUMBER<br>(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 00551

Temp Date Time 210L

Air Blank:  
09/02/24 06:46 .000  
Calibration Check:  
22 09/02/24 06:46 .100

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

C. Knox 240025

Location

Troop C HQ

AS IV Serial no: 111648  
Version no: 532B

TEST RECORD 00552

Temp Date Time 210L

Air Blank:  
09/02/24 06:51 .000  
Calibration Check:  
22 09/02/24 06:51 .101

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

C. Knox 240025

Location

Troop C HQ

AS IV Serial no: 111648  
Version no: 532B

TEST RECORD 00553

Temp Date Time 210L

Air Blank:  
09/02/24 06:56 .000  
Calibration Check:  
22 09/02/24 06:56 .101

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

C. Knox 240025

Location

Troop C HQ

AS IV Serial no: 111648  
Version no: 532B

TEST RECORD 00554

Temp Date Time 210L

VOID: RFI  
12 09/02/24 06:58

Subject Name

Maint

Subject I.D.

Operator Name, I.D.

C. Knox 240025

Location

Troop C HQ



# 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  
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.

DATE 1/26/2024

NUMBER 240025

EXPIRES 1/26/2026

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. 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 KNOX, CLAY  
Permit No 240025  
Date Issued 1/26/2024 Date Expires 1/26/2026

