





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time Send copy to Department of Health and Seni	of the regular monthly or Services; retain orig	preventative mainter	nance check, and whe	enever instrument is repaired.
ALCO SENSOR IV SN 111657	NAME OF AGENCY Missouri S	tate Highway P	-41	OF INSPECTION /21/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 27821 RT-7 S, Harrisonville, MO 64701			TIME	of Inspection :50 p.m.
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be	item if found to be satis	sfactory or if operating	g within established lim	nits. (Write in observed values
DIGITAL READOUT (ALL ELEMENTS O		instrument.		
TEMPERATURE OF ALCO SENSOR (10				
The second secon	7 6 - 40 6)			
TIME AND DATE DISPLAYING PROPER BREATH ALCOHOL ACCURACY STANDAR				The state of the s
	103			
SIMULATOR SOLUTION		COMPRESSED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER Guth Labor	atories, Inc.	OT# 23390	EXP. DATE10	/17/2025
SIMULATOR TEMPERATURE (34°C \pm 0.	2°C) <u>33.98</u> SII	м. sn <u>MP2216</u>	SIM. NIST E	EXP DATE11/28/2024
less. Check the box corresponding to the solution of the solut	BETWEEN 0.095% and BETWEEN 0.076% and	d 0.105% INCLUSIVI d 0.084% INCLUSIVI	E E	
TEST 1 ■ .103	TEST 2 ■ .104		TEST 3 ■ .103	
RFI DETECTOR OPERATING				
INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED T	S IN THE FOLLOWIN	G RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) ()
List any new parts and describe any alteration established limits (use other side if necessary) Clock adjusted 1 hour back for			the instrument to ope	rate satisfactorily and within
NSPECTING OFFICER				
SIGNATURE / # 1340			PRINT NAME	1
YPE II PERMIT NUMBER/EXPIRATION DATE			CPI. VV.J	. Luzenko #1340
	/ 6/21/2026	1	(816) 622-080	0
Return completed report to the: Breath Alco by mail, fa:	ohol Program, MO Dep x, or email.	artment of Health an	d Senior Services, So	outheast District Office

AS IV Serial no: 111657
Version no: 532B

TEST RECORD 00629

9/
Temp Nate Time 210L
Air Blank:
11/21/24 18:46 .000
Calibration Check:
21 11/21/24 18:46 .103

Subject Name
Mount Test
Subject I.D.

Operator Name, I.D.

Coss County Zone Office

AS IV Serial no: 111657 Version no: 532B

TEST RECORD 00631

9/ Temp Date Time 210L

Air Blank: 11/21/24 18:49 .000 Calibration Check: 22 11/21/24 18:49 .103

Subject Name

Maint Test # 3

Subject I.D.

Operator Name, I.D.

Col. W.S. Wzunko (20141)

Location

Coss County Zove Office

AS IV Serial no: 111657 Version no: 532B

TEST RECORD 00630

9/ Temp Date Time 210L

Air Blank: 11/21/24 18:47 .000 Calibration Check: 22 11/21/24 18:47 .104

Subject Name

Maint Test #2

Subject I.D.

Operator Name, I.D.

(p) W.J. W.Z.n. (240141)

Location

CAS County Zone Office.

AS IV Serial no: 111657 Version no: 532B

TEST RECORD 00632

Temp Date Time 210L

VOID: RFI 12 11/21/24 18:50

Subject Name

RFI Test

Subject I.B.

Operator Name, I.D.
(pl. W.J. Wzerks (240141)
Location
(As County Zone Office



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

WALTER J. LUZENKO

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. MA

DATE 6/21/2024	Mike Mason
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240141	
EXPIRES 6/21/2026	Daves J. McChelson
EN INCO VIZITADE	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
MO 690 0771 (6:10)	LAD CORC

