

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 8:49 am, Jul 03, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| with the same of t | | | | | | | 9 (9) | 0.000 | 1000 00 |
|--|----------------------|--------------------------------|--------------------|------------------------------|------------------------|---------------------------------|-------------------------------|-------------------|-------------|
| Complete this report in duplicate at the Send copy to Department of Health and | time of the Senior S | he regular m Services; reta | onthly pain origin | reventative al in departi | maintena nent file. | ince check, and | d whenev | er instrument is | s repaired. |
| NAME OF AGENCY 111736 NAME OF AGENCY Missouri State Highway Patrol | | | | | | | DATE OF INSPECTION 07/03/2024 | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) 6012 NE Antioch Road, Gladstone, MO 64119 | | | | | | 0:45 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. | | | | | | | | | |
| ☑ 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 | | | | | | | | | |
| | | | | | | | | | |
| STANDARD SUPPLIER Guth Laboratories LOT # 23180 EXP. DATE 05/17/2025 | | | | | | | | | |
| ✓ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP24 | | | | | | 4 SIM. NIST EXP DATE 11/27/2024 | | | |
| ✓ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) 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 ▼ .096 | TES | TEST 2 	 € .097 | | | | TEST 3 	■ .096 | | | |
| ✓ RFI DETECTOR OPERATING | | | | | | | | | |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS) | | | | | | | | | |
| | _ | .0509) | 0 | (.1014) | 0 | (.1519) | 0 | (OVER .19) | 0 |
| List any new parts and describe any all established limits (use other side if necessary) | Iteration (| Steven District | on that v | vas made to | restore | the instrument | to operat | te satisfactorily | and within |
| INSPECTING OFFICER | | | | | | | | 1-2- | |
| SIGNATURE | | | | | | CPL. B. E. THOMAN #1256 | | | |
| TYPE II PERMIT NUMBERIEXPIRATION DATE 240111 05/21/2026 | | | | | | (816) 622-0800 | | | |
| 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: 111736 Version no: 532B

TEST RECORD 00234

Temp Date Time 210L Air Blank: 07/03/24 01:00 .000

Calibration Check: 20 07/03/24 01:00 .096

Subject Name

MAINT TEST #|
Subject I.D.

Operator Name, I.D.

B.C. THOTAN 24011

Location

CUAT (0. Z.O.

AS IV Serial no: 111736 Version no: 532B

TEST RECORD 00235

Temp Date Time 210L

Air Blank: 07/03/24 01:02 .000 Calibration Check: 21 07/03/24 01:02 .097

Subject Name

MATMY TEST 42 Subject I.D.

Operator Name, I.D.

B.E. TEOREN 24011

CLAT CO. 7.0.

AS IV Serial no: 111736 Version no: 532B

TEST RECORD 00236

Temp Date Time 210L

Air Blank: 07/03/24 01:04 .000 Calibration Check: 22 07/03/24 01:04 .096

Subject Name

NAINT TEST #3
Subject I.D.

Operator Name, I.D.

BE-THOTAL ZYOII

CLAY 60.20 -

TEST RECORD 00237

Temp Date Time 210L

VOID: RFI

12 07/03/24 01:06

Subject Name

REI HOST

Subject I.D.

Operator Name, I.D.

B.E. THOMAN 240111

Location

CLAY 10- 2.00



CERTIFICATE OF ANALYSIS

Certified Alcoho 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 Certifiant 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

BRUCE E. THOMAN

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

MO 580-0771 (6-10)

EXPIRES 5/21/2026_

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



in Missouri.

Operator THOMAN, BRUCE

Permit No 240111
Date Issued 5/21/2024 Date Expires 5/21/2026

