



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

RECEIVED

By Tracy Crews at 11:48 am, Nov 06, 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 111737	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/04/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 3101 Miller Street, Bethany, MO, 64424		TIME OF INSPECTION 10:20 pm

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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth LOT # 23180 EXP. DATE 05/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2502 SIM. NIST EXP DATE 01/31/2025
- 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 ← .101	TEST 2 ← .102	TEST 3 ← .101
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- 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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 	PRINT NAME Michael J. Miller
TYPE II PERMIT NUMBER/EXPIRATION DATE 240230 10/29/2026	TELEPHONE NUMBER (816) 387-2345

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: 111737
Version no: 532B

TEST RECORD 00171

Temp Date Time ^{s/} 210L

Air Blank:
11/04/24 22:21 .000
Calibration Check:
21 11/04/24 22:21 .101

Subject Name

MAINTENANCE #1

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 64424

AS IV Serial no: 111737
Version no: 532B

TEST RECORD 00172

Temp Date Time ^{s/} 210L

Air Blank:
11/04/24 22:23 .000
Calibration Check:
22 11/04/24 22:23 .102

Subject Name

MAINTENANCE #2

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 64424

AS IV Serial no: 111737
Version no: 532B

TEST RECORD 00173

Temp Date Time ^{s/} 210L

Air Blank:
11/04/24 22:25 .000
Calibration Check:
23 11/04/24 22:25 .101

Subject Name

MAINTENANCE #3

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 64424

Version no: 532B

TEST RECORD 00174

Temp Date Time ^{s/} 210L

VOID: RFI
12 11/04/24 22:27

Subject Name

MAINTENANCE RFI

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 64424

M. J. Miller



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 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 111635	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/04/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 3101 Miller Street, Bethany, MO, 64424		TIME OF INSPECTION 10:40 pm

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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth LOT # 23180 EXP. DATE 05/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2502 SIM. NIST EXP DATE 01/31/2025
- 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 <u>.101</u>	TEST 2 <u>.101</u>	TEST 3 <u>.100</u>
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- 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	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	1
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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 	PRINT NAME Michael J. Miller
TYPE II PERMIT NUMBER/EXPIRATION DATE 2402310 10/29/2026	TELEPHONE NUMBER (816) 387-2345

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: 111635
Version no: 532B

TEST RECORD 00198

Temp Date Time ^{g/} 210L

Air Blank:
11/04/24 22:41 .000
Calibration Check:
21 11/04/24 22:41 .101

Subject Name

MAINTENANCE #1

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 20814

AS IV Serial no: 111635
Version no: 532B

TEST RECORD 00199

Temp Date Time ^{g/} 210L

Air Blank:
11/04/24 22:42 .000
Calibration Check:
22 11/04/24 22:42 .101

Subject Name

MAINTENANCE #2

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 20814

AS IV Serial no: 111635
Version no: 532B

TEST RECORD 00200

Temp Date Time ^{g/} 210L

Air Blank:
11/04/24 22:44 .000
Calibration Check:
23 11/04/24 22:44 .100

Subject Name

MAINTENANCE #3

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 20814

AS IV Serial no: 111635
Version no: 532B

TEST RECORD 00201

Temp Date Time ^{g/} 210L

VOID: RFI
12 11/04/24 22:45

Subject Name

MAINTENANCE RFI

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MD, 20814

M. J. Miller



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 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 104658	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/04/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 3101 Miller Street, Bethany, MO, 64424	TIME OF INSPECTION 10:30 pm
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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</u> LOT # <u>23180</u> EXP. DATE <u>05/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIM. SN <u>MP2502</u> SIM. NIST EXP DATE <u>01/31/2025</u>	

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)

<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 ← .098	TEST 2 ← .098	TEST 3 ← .097
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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 	PRINT NAME Michael J. Miller
TYPE II PERMIT NUMBER/EXPIRATION DATE 240230 10/29/2026	TELEPHONE NUMBER (816) 387-2345

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: 104658
Version no: 532B

TEST RECORD 00460

Temp Date Time ^{9/} 210L

Air Blank:
11/04/24 22:32 .000
Calibration Check:
23 11/04/24 22:32 .098

Subject Name

MAINTENANCE #1

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MO, 64424

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00461

Temp Date Time ^{9/} 210L

Air Blank:
11/04/24 22:34 .000
Calibration Check:
24 11/04/24 22:34 .098

Subject Name

MAINTENANCE #2

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MO, 64424

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00462

Temp Date Time ^{9/} 210L

Air Blank:
11/04/24 22:36 .000
Calibration Check:
25 11/04/24 22:36 .097

Subject Name

MAINTENANCE #3

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MO, 64424

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00463

Temp Date Time ^{9/} 210L

VOID: RFI
12 11/04/24 22:38

Subject Name

MAINTENANCE RFI

Subject I.D.

N/A

Operator Name, I.D.

M. J. MILLER #1418

Location

3101 MILLER STREET

BETHANY, MO, 64424



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
MICHAEL J. MILLER

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 10/29/2024

Adam J. Pelti

DIRECTOR STATE PUBLIC HEALTH LABORATORY

NUMBER 240230

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/29/2026

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 air in Missouri.

Operator MILLER, MICHAEL
 Permit No 240230
 Date Issued 10/29/2024 Date Expires 10/29/2026





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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 **FN1172002** 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.