

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 11:48 am, Nov 06, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

SECTION.											
	this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. to Department of Health and Senior Services; retain original in department file.						repaired.				
ALCO SENS 111737	OR IV SN		NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 11/04/2024					
		STREET AND CITY) hany, MO, 64424					TIME OF INSPECTION 10:20 pm				
CHECKLI	ST: Place a mar	k in the box by eac	item if found to l	he satisf	actory or if ope	erating v	within establishe	ed limits.	(Write in observ	ed values	
		ST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values ermined.) Unmarked items must be corrected before using instrument.									
✓ DIGIT	AL READOUT (ALL ELEMENTS OPERATIONAL)										
✓ TEMP	ERATURE OF	ERATURE OF ALCO SENSOR (10°C - 40°C)									
✓ PRIN	TER WORKING	PROPERLY									
✓ TIME	AND DATE DIS	SPLAYING PROPE	RLY								
BREATH	ALCOHOL ACC	CURACY STANDA	RDS								
☑ SIMU	LATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE										
✓ STAN	DARD SUPPLIER Guth LOT # 23180 EXP. DATE 05/17/2025										
☑ SIMU	LATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2502 SIM. NIST EXP DATE 01/31/2025						2025				
Run the less. Co	RATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) ree tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or heck the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) .100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE .080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE .040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE										
TEST 1	.101 TEST 2 • .102 TEST 3 • .101										
☑ RFI D	DETECTOR OPERATING										
	NDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: DO NOT INCLUDE SELF-ADMINISTERED TESTS)										
REFUSAL	COL	(004) 0	(.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	0	
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).											
INSPECT	TING OFFICER										
SIGNATURE .	1. frefred						Michael J. Miller				
240230							(816) 387-2345				
Return ce	ompleted report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.						Office				

AS IV Serial no: 111737 Version no: 532R TEST RECORD 00171 9/ Temp Date Time 210L fir Blank: 11/84/24 22:21 .000 Calibration Check: 21 11/84/24 22:21 .181 Subject Name MAINTENANCE #1 Subject I.D. NA Operator Name, I.D. M. J. MILLER #1918 3101 MILLER STREET BETHANY, MO, 64424

AS IV Serial no: 111737 Version no: 532B TEST RECORD 00172 Temp Date Time 210L 11/94/24 22:23 .000 Calibration Check: 22 11/84/24 22:23 .182 MAINTENANCE #Z Subject 1.1. NA Operator Name, I.D. M. J. MIKER # 1418 3101 MILLER STEXES

AS IV Serial no: 111737 Version no: 532B TEST RECORD 00173 Temp Date Time 210L Calibration Check: MAINTENANCE #3 VIA 4. J. MILLER #1418 3101 MILLER STREET BETHANY, MO, 64424 BETHANY, MO, 644CY

Version not 532B TEST RECORD 00174 Temp Date Time 210L MAWRIANCE REI NA 4. J. MILLER # 1418 3101 MILLER STREET BETHANY, MO, 44424

W. J. while



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

					1121 0111 #			
Comple Send co	this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired to Department of Health and Senior Services; retain original in department file.							
111635		NAME OF AGENCY Missouri State H	Highway Patrol	DATE OF INSPECTION 11/04/2024				
3101 N	of Instrument (STREET AND CITY) Iller Street, Bethany, MO, 64424			TIME OF INSPECTION 10:40 pm				
CHECK where d	ST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values ermined.) Unmarked items must be corrected before using instrument.							
		AL READOUT (ALL ELEMENTS OPERATIONAL)						
☑ TEN	PERATURE OF ALCO SENSOR (10	PERATURE OF ALCO SENSOR (10°C - 40°C)						
☑ PRI	NTER WORKING PROPERLY							
☑ TIM	E AND DATE DISPLAYING PROPER	RLY						
	ALCOHOL ACCURACY STANDAR							
21325N222	ULATOR SOLUTION							
			COMPRESSE	D ETHANOL-GAS	MIXTURE			
✓ STA	DARD SUPPLIER Guth LOT # 23180 EXP. DATE 05/17/2025							
☑ SIM	ULATOR TEMPERATURE (34°C ± 0.	.2°C)34.0 SI	M. SNMP250	02 SIM. NIS	T EXP DATE <u>01/31/2025</u>			
₩ □	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 Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) 100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE							
TEST 1	.101	TEST 2101		TEST 3 .100				
☑ RFI D	I DETECTOR OPERATING							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)								
REFUSA		(.0509) 0	(.1014) 1	(.1519) 0	(OVER .19) 1			
List any r establishe	new parts and describe any alteration ed limits (use other side if necessary)	n or modification that w	as made to restore	the instrument to o	perate satisfactorily and within			
	ING OFFICER				TO SEE THE PROPERTY OF THE PARTY OF THE PART			
SIGNATURE				PRINT NAME				
TYPE II PERM	IT NUMBER/EXPIRATION DATE			Michael J. Miller TELEPHONE NUMBER				
2402310				(816) 387-2345				
Return co	propleted report to the: Breath Alco by mail, fax	ohol Program, MO Dep k, or email.	artment of Health an	d Senior Services,	Southeast District Office			

AS IV \$erial no: 111635 Version no: 532B TEST RECORD 00198 9/ Temp Date Time 210L Air Blank: 11/04/24 22:41 .000 Calibration Check: 21 11/84/24 22:41 .101 ubject Name MAINTENANCE A/ ubject I.D. Perator Name, I.D. 4. J. MILLER HILIS 3101 MILLER STREET BUTHANY, MO, CHYLLY

AS IV Serial no: 111635 Version no: 532B TEST RECORD 00199

Temp Date Time 210L

Air Blank:
 11/04/24 22:42 .000

Calibration Check:
 22 11/04/24 22:42 .101

Subject Name

MAINTENANTE #2 Subject I.D.

N/A
Operator Name, I.D.

M. J. MILLER 41418 Location

3101 MILLER STREET

BETHANY, MO, 64424

AS IV Serial no: 111635 Version no: 532B

TEST RECORD 00200

Temp Date Time 210L Air Blank:

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

Subject Name

MAWTENAIX #3 Subject I.D.

NA

Operator Name, I.D.

M. J. MILLEX #1418

Location

3101 MILLER STREET

BETHAUY, MO, GLARLY

AS IV Serial no: 111635 Version no: 532B

TEST RECORD 00201

Temp Date Time 210L

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

Subject Hame

MAINTENANCE RFT

Subject I.D.

NIA

Operator Name, I.D.

11. T. MILLER #1418

3101 MILLEY STREET

BETHANY, MO, GUYLY

ref. f efet



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete Send cop	this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. y to Department of Health and Senior Services; retain original in department file.								
ALCO SEN 104658	SOR IV SN		NAME OF AGENCY Missouri State	atrol		DATE OF INSPECTION 11/04/2024			
		DF INSTRUMENT (STREET AND CITY) ler Street, Bethany, MO, 64424				TIME OF INSPECTION 10:30 pm			
	ST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values ermined.) Unmarked items must be corrected before using instrument.								
☑ DIGI	AL READOUT (ALL ELEMENTS OPERATIONAL)								
✓ TEM	PERATURE OF ALCO SENS	PERATURE OF ALCO SENSOR (10°C - 40°C)							
✓ PRIN	TER WORKING PROPERLY	TER WORKING PROPERLY							
☑ TIME	AND DATE DISPLAYING PR	ROPERLY							
BREATH	ALCOHOL ACCURACY STA	NDARDS							
☑ SIMU	LATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE								
✓ STAI	DARD SUPPLIER	Guth		_ LOT # <u>23</u>	80	EXP. DATE	05/17/2	2025	
☑ SIMU	LATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2502 SIM. NIST EXP DATE 01/31/2025						025		
less. €	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 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	.098	TES	TEST 2 ▼ .098			TEST 3 ■ .097			
✓ RFID	FI DETECTOR OPERATING								
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)									
REFUSA	LS 0 (004)	_	0509) 0	(.1014)	1	(.1519)	0	(OVER .19)	0
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	ING OFFICEN		PRINT NAME						
· 24	Juli					Michael J. Miller			
240230	10/29/2026					(816) 387-2345			
Return co	eturn completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.						се		

AS IV Serial no: 104658 Version no: 532B TEST RECORD 00460 Temp Date Time 210L Air Blank: 11/94/24 22:32 .000 Calibration Check: 23 11/04/24 22:32 .098 Subject Name MAINTENANCE #1 Subject I.D. NIA Operator Name, I.D. M. T. MILLER #1418 Location 3161 MILLER STREET BCTHANY, MO, GYTZY

AS IV Serial no: 104658 Version no: 532B TEST RECORD 00461 Temp Date Time 210L Air Blank: 11/04/24 22:34 .000 Calibration Check: 24 11/04/24 22:34 .098 Subject Name MANTENANCE #2 Subject I.D. NIA Operator Name, I.D. M. J. MILLEX #1418 Location 3101 MILLER STREET

BETHANY, MO, 644CY BETHANY, MO, 644CY

AS IV Serial no: 104658 Version no: 532B TEST RECORD 00462 Temp Date Time 210L Air Blank: 11/84/24 22:36 .000 Calibration Check: 25 11/04/24 22:36 .097 Subject Name MAINTENANCE #3 Subject I.D. NA Operator Name, I.D. MIJ. MILLER #1418 Location 3101 MILLE STREET

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00463
9/
Temp Date Time 210L

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

Subject Name

MANTENAL'S RFT
Subject I.D.

N/H

Operator Name, I.D.

M.J. MICKEL #/Y/S
Location

3/0/ MICKEL STREET

BETHANY, MO, 6484

uf full



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



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.

DATE10/29/2024	adam Huli					
DATE TOTAL	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY					
NUMBER 240230						
EXPIRES 10/29/2026	Davida J. Nichelson					
EXPINES 10/27/2020	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 in Missouri.

MILLER, MICHAEL

240230

Date Issued 10/29/2024 Date Expires 10/29/2026





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°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 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.