

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SER RECEIVED

By Tracy Crews at 12:04 pm, Aug 06, 2024

STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV	WITH PRINTE	H MAINTENA	NUE REPORT		

Complete this report in duplicate at the tim Send copy to Department of Health and Se	e of the regular mo	nthly preventative mainten n original in department file	ance check, and wh	nenever instrument is repaired.			
ALCO SENSOR IV SN 111741	NAME OF AGEN	icy State Highway Patrol	1	E OF INSPECTION I/02/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Misson	TIM	E OF INSPECTION :35					
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 PROP							
BREATH ALCOHOL ACCURACY STAND	ARDS						
SIMULATOR SOLUTION			D ETHANOL-GAS				
STANDARD SUPPLIER Guth Labo	ratories, INC	LOT # 23390	EXP. DATE 10				
SIMULATOR TEMPERATURE (34°C :	± 0.2°C) 33.99	SIM. SN MP2418	SIM. NIS	T EXP DATE 12/05/2024			
Run three tests using a standard solut less. Check the box corresponding to t 0.100% STANDARD - MUST REA 0.080% STANDARD - MUST REA 0.040% STANDARD - MUST REA	he standard solution AD BETWEEN 0.095 AD BETWEEN 0.076	n being used. (PRINTOUT) 5% and 0.105% INCLUSIV 6% and 0.084% INCLUSIV	ATTACHED) 'E 'E				
TEST 1 • .099	TEST 2 100	TEST 2 ☞ .100		TEST 3 - .099			
✓RFI DETECTOR OPERATING							
INDICATE THE NUMBER OF BREATH TO (DO NOT INCLUDE SELF-ADMINISTERS		OWING RANGES SINCE	THE LAST MAINTI	ENANCE REPORT:			
REFUSALS (004)	(.0509)	(.1014) 1	(.1519)	(OVER .19)			
List any new parts and describe any alternestablished limits (use other side if necess change	ary).						
INSPECTING OFFICER SIGNATURE TYPE II PERMIT NUMBER/EXPIRATION DATE 24014	14 Expires 6	5/28/2026	PRINT NAME D W TELEPHONE NUMBER (417) 895 -	Henley #727			
Return completed report to the: Breath		MO Department of Health a					

AS IV Serial no: 111741 Version no: 532B

Temp Date Time 210L 08/02/24 21:38 .000 Calibration Check: 23 08/02/24 21:38 .099 TEST RECORD 00631 Air Blank:

IEST 2 Subject Name

Subject I.D.

U W HENEY #727 Operator Name, I.D.

313) E KEARNEY Location

Sparnefield, mo 10 + +10)

AS IV Serial no: 111741 Version no: 532B

AS IV Serial no: 111741

Version no:

Temp Date Time 210L TEST RECORD 60632

08/02/24 21:39 .000 Calibration Check: 23 08/02/24 21:39 .100 Air Blank:

Sub-sect Name

TEST 2

Subject I.D.

CEC# YENDEY #727 Orerator Name, I.D.

Location

313) E KEARNEY

Spasseriero mo CEL# TY D

AS IV Serial no: 111741 Version no:

Time 210L TEST RECORD 00634 Date WOID: RFI CHOI

Time 210L

Temp Date

Air Blank:

TEST RECORD 00633

Subject Name

12 68/62/24 21:41

Calibration Check: 24 88/82/24 21:48 .899 08/02/24 21:40 .000

Subject Name

Subject I.D. JEST 3

PFI

Subject I,D.

Orerator Name, I.D.

O W HENNEY #727

O W HENLEY #727

Location

Operator Name, I.D.

3131 E KEARUEY

Sparnefaeld mo

cer# 40

Location

3131 E KEADNEY

Spernefield mo

104 40,



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:

I.

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

DAVID W. HENLEY, JR.

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 A ıΛΛ

DATE 6/28/2024	Mile Mason
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240144	Daves I. nichelson
EXPIRES 6/28/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
AC) 580-0771 (6-10)	LAB4 (R6-10)

MO 580-0771 (6-10)



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

HENLEY, JR., DAVID

Permit No 240144

Date Expires 6/28/2026 Date Issued 6/28/2024

