



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

**RECEIVED**

By Brian Lutmer at 9:55 am, Nov 04, 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 111741	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 11/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803		TIME OF INSPECTION 9:52 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.

<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 Laboratories, INC</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIM. SN <u>MP2418</u> SIM. NIST EXP DATE <u>12/05/2024</u>	
<input checked="" type="checkbox"/> 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  .103	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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

CHANGED TIME DUE TO DAYLIGHT SAVINGS -1 HOUR & +1 MINUTE

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME J.R. CHRONISTER
TYPE II PERMIT NUMBER/EXPIRATION DATE 240217 EXPIRES 10/16/2026	TELEPHONE NUMBER (417) 895-6868

**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: 111741  
Version no: 532B

TEST RECORD 00647 s/  
Temp Date Time 210L

Air Blank: 11/03/24 09:56 .000  
Calibration Check: 21 11/03/24 09:56 .103

Subject Name

ACC # 1

Subject I.D.

J.R. CHRONISTER

Operator Name, I.D.

3131 E KEARNEY

Location

SPRINGFIELD, MO

R Jul #206

AS IV Serial no: 111741  
Version no: 532B

TEST RECORD 00648 s/  
Temp Date Time 210L

Air Blank: 11/03/24 09:59 .000  
Calibration Check: 22 11/03/24 09:59 .102

Subject Name

ACC # 2

Subject I.D.

J.R. CHRONISTER

Operator Name, I.D.

3131 E KEARNEY

Location

SPRINGFIELD, MO

R Jul #206

AS IV Serial no: 111741  
Version no: 532B

TEST RECORD 00649 s/  
Temp Date Time 210L

Air Blank: 11/03/24 10:02 .000  
Calibration Check: 23 11/03/24 10:02 .101

Subject Name

ACC # 3

Subject I.D.

J.R. CHRONISTER

Operator Name, I.D.

3131 E KEARNEY

Location

SPRINGFIELD, MO

R Jul #206

AS IV Serial no: 111741  
Version no: 532B

TEST RECORD 00650 s/  
Temp Date Time 210L

VOID: RFI  
12 11/03/24 10:04

Subject Name

RFI

Subject I.D.

J.R. CHRONISTER

Operator Name, I.D.

3131 E KEARNEY

Location

SPRINGFIELD, MO

R Jul #206



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