MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| - William | | | | | |
|---|---|-----------------------|--------------------------------|------------------------------|--|
| Complete this report in duplicate at the Send copy to Department of Health and | | | | ver instrument is repaired. | |
| ALCO SENSOR IV SN 111755 | NAME OF AGENCY Missouri State | e Highway Patrol | | INSPECTION 2024 | |
| LOCATION OF INSTRUMENT (STREET AND CITY) Zone 7 Office, Howell County | | | TIME OF 6:10 P | INSPECTION M | |
| 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 mu | | | | | |
| ✓ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) | | | | | |
| TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 20°C | | | | | |
| PRINTER WORKING PROPERLY | | | | | |
| TIME AND DATE DISPLAYING PROPERLY | | | | | |
| BREATH ALCOHOL ACCURACY STAN | IDARDS | | | | |
| ✓ SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE | | | | | |
| STANDARD SUPPLIER Guth La | ooratories Inc | LOT # 23180 | EXP. DATE 05/17/ | 2025 | |
| SIMULATOR TEMPERATURE (34°C | C ± 0.2°C) 34.00 S | IM. SN MP2474 | SIM. NIST EXI | P DATE 02/01/2025 | |
| 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 ▼ .102 | TEST 2 ▼ .101 | | TEST 3 ▼ .101 | | |
| ✓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 (004) 0 | (.0509) 0 | (.1014) 0 | (.1519) 0 | (OVER .19) 0 | |
| List any new parts and describe any alt established limits (use other side if nece | | was made to restore | the instrument to opera | te satisfactorily and within | |
| INSPECTING OFFICER | | | DOUNT NAME | | |
| SIGNATURE Augus | | | Thomas Meyer | | |
| TYPE II PERMIT NUMBER/EXPIRATION GATE 2202 | 218 09/07/2024 | | TELEPHONE NUMBER (417-469-3121 | | |
| Return completed report to the: Brea by r | ath Alcohol Program, MO D nail, fax, or email. | epartment of Health a | and Senior Services, Sou | theast District Office | |

AS IV Serial not 111758 Version not 532B TEST RECORD 86639

Temp Date Time 216L

Air Blank: 85/16/24 18:13 .308 Calibration Chock: 20 85/16/24 18:13 .18:

Subject Name

Subject I.D.

Operator Name, J.D.

T. MEYER 220218

ZONE 7 OFFICE

WEST MAINS

T. MEYER location 2202 PS

ZONE 7 OFFICE

WEST PLAINS

AS IV Serial not 111755 Version not 5828

AS IV Serial not 111755 Version not 532B

TEST RECORD - REPRINT

TEST RUCORD 00631

TEST KUTOKU 58632

Temp | Date | Time | 2181 Time | Blank | 18118 | 886

22 M7/1/24 SELECTION

Air Blan**k:** 03/16/24 18:15 .008 Calibration Check: 21 85/16/24 18:15 .181

Temp Date Fine 218L

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T. MEYER DAGS 18

ZONE 7 OFFICE

WEST PLAINS

78 IV Serial Los 11175.5

Surface of Surface TIMEYER DAGAIS

WEST PLAINS ZONE 7 OFFICE



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

THOMAS W. MEYER

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.

| DATE9/7/2022 | Mile Massur |
|--------------------|---|
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 220218 | |
| EXPIRES 9/7/2024 | Daves I. nichelson |
| AO 5AO 0771 (6·10) | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB 4 (85.10) |



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SERVICES
BREATH ALCOHOL PROGRAM

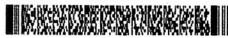
INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a in Missouri.

Operator MEYER, THOMAS Permit No 220218

Permit No 220218 Date issued 9/7/2022 F

9/7/2022 Date Expires 9/7/2024





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.