

### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crews at 7:29 am, Sep 16, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in du Send copy to Department	plicate at the time of Health and Seni	of the regular monthly p or Services; retain origin	reventative maintena al in department file.	ince check, and whenev	er instrument is repaired.					
ALCO SENSOR IV SN 111755		NAME OF AGENCY Missouri State Highway Patrol			DATE OF INSPECTION 09/15/2024					
LOCATION OF INSTRUMENT (ST	TREET AND CITY) ers Springfield	12:01 F	NSPECTION PM							
CHECKLIST: Place a mark where determined.) Unma	k in the box by each	item if found to be satisf	actory or if operating instrument.	within established limits.	(Write in observed values					
DIGITAL READOUT (										
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 20°C										
PRINTER WORKING PROPERLY										
✓ TIME AND DATE DISPLAYING PROPERLY										
BREATH ALCOHOL ACCURACY STANDARDS										
SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE										
STANDARD SUPPLIE	ER Guth Labora	tories Inc	OT # 23390	EXP. DATE 10/17	/2025					
SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2418 SIM. NIST EXP DATE 12										
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 .100		TEST 2 . 100		TEST 3 • .099						
✓RFI DETECTOR OPE		T (1984) 25,500 RY(0000) 7, 201 (1) 200 (2)								
INDICATE THE NUMBER	R OF BREATH TES F-ADMINISTERED	STS IN THE FOLLOWIN	IG RANGES SINCE	THE LAST MAINTENAI	NCE REPORT:					
REFUSALS 1	(004) 0	(.0509) 1	(.1014)	(.1519) <b>1</b>	(OVER .19) 0					
List any new parts and d established limits (use of	escribe any alterat	on or modification that	was made to restore	the instrument to opera	te satisfactorily and within					
INSPECTING OFFICER				PRINT NAME						
SIGNATURE TWO A	ryr	Thomas Meyer								
TYPE II PERMIT NUMBER/EXPIRAT	10N 19 <sup>ATE</sup> 24017	26	TELEPHONE NUMBER (417-469-3121							
Return completed repo	rt to the: Breath		epartment of Health a	and Senior Services, Sou	utheast District Office					

AS IV Serial no: 111755 Version no: 532B TEST RECORD 00678 97 Temp Date Time 210L	Air Blank: 89/15/24 12:88 .080 Calibration Check: 21 89/15/24 12:88 .099	Subject Name	Subject I.D.	Operator Name, I.D.  T. MEYER 240173  Location Troop D 40	Springfield
AS IV Serial no: 111755 Version no: 532B TEST RECORD 00677 Temp Date Time 210L	Air Blank: 89/15/24 12:86 .888 Calibration Check: 28 89/15/24 12:86 .188	Subject Name	Subject I.D.	Operator Name, 1.D.  [ MEYER 240173 Location Location	Springfield
AS IV Serial no: 111755 Version no: 532B TEST RECORD 00676	Air Blank: 89/15/24 12:85 .888 Calibration Check: 28 89/15/24 12:85 .188	Subject Name	Subject I.D.	Operator Name, I.D.  1 MELER 246173  Location  Toop D HQ	SpringAeld

AS IV Serial no: 111755
Uersion no: 532B
TEST RECORD 88679

Temp Date Time 218L

UOID: RFI
12 89/15/24 12:89

Subject Name
Subject I.D.

OPERATOR Name, I.D.

Location

Location

Spring Held

Spring Held



#### 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:

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

### 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.

DATE 8/16/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

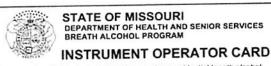
NUMBER 240173

EXPIRES 8/16/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580 0771 (6-10)

LAB-4 (RG-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.

Operator MEYER, THOMAS

Permit No 240173

Date Issued 8/16/2024 Date Expires 8/16/2026

