



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 111755	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 09/15/2024
LOCATION OF INSTRUMENT (STREET AND CITY) Troop D Headquarters, Springfield		TIME OF INSPECTION 12:01 PM

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) **20°C**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER **Guth Laboratories Inc** LOT # **23390** EXP. DATE **10/17/2025**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.00** SIM. SN **MP2418** SIM. NIST EXP DATE **12/05/2024**

- 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)
 - 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 OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 1	(0-.04) 0	(.05-.09) 1	(.10-.14) 0	(.15-.19) 1	(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 <i>Thomas Meyer</i>	PRINT NAME Thomas Meyer
TYPE II PERMIT NUMBER/EXPIRATION DATE 240173 08/16/2026	TELEPHONE NUMBER (417-469-3121)

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: 111755
Version no: 532B

TEST RECORD 00676 ^{s/}
Temp Date Time 210L

Air Blank: 09/15/24 12:05 .000
Calibration Check: 20 09/15/24 12:05 .100

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173
Location

Troop D HQ

Springfield

AS IV Serial no: 111755
Version no: 532B

TEST RECORD 00677 ^{s/}
Temp Date Time 210L

Air Blank: 09/15/24 12:06 .000
Calibration Check: 20 09/15/24 12:06 .100

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173
Location

Troop D HQ

Springfield

AS IV Serial no: 111755
Version no: 532B

TEST RECORD 00678 ^{s/}
Temp Date Time 210L

Air Blank: 09/15/24 12:08 .000
Calibration Check: 21 09/15/24 12:08 .099

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173
Location

Troop D HQ

Springfield

AS IV Serial no: 111755
Version no: 532B

TEST RECORD 00679 ^{s/}
Temp Date Time 210L

VOID: RFI
12 09/15/24 12:09

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173
Location

Troop D HQ

Springfield



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°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

2

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

NUMBER 240173

EXPIRES 8/16/2026

Mike Masman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR 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 air in Missouri.

Operator MEYER, THOMAS
 Permit No 240173
 Date Issued 8/16/2024 Date Expires 8/16/2026

