



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

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 Patro			DATE OF INSPECTION 12/18/2024	
LOCATION OF INSTRUMENT (STREET AND CITY) Troop G Headquarters, Willow Springs				Т	IME OF INSPECTION	
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) 23°C						
PRINTER WORKING PROPERLY						
TIME AND DATE DIS	SPLAYING PROPER	RLY				
BREATH ALCOHOL ACC	CURACY STANDAR	RDS				
SIMULATOR SOLUT	ION		COMPRESSE	D ETHANOL-GAS		
✓ STANDARD SUPPLI	ER Guth Labora	atories Inc	OT # 23390	EXP. DATE _	10/17/2025	
SIMULATOR TEMPE	RATURE (34°C ± 0	0.2°C) 34.00 SI	M. SN MP2473	SIM. NI	ST EXP 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 1099		TEST 2 099		TEST 3 ₹.099		
✓RFI DETECTOR OPE	RATING					
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)	(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). RECALIBRATED						
INSPECTING OFFICER						
SIGNATURE tuy				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.						

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MEYEL 240,73	75		Location 940175
ator Name, I.D.	Operator Name, I.D. Oper	Oper	Operator Name, I.D.
	Subject I.D. Subj	SduS	Subject I.D.
ect Name	Subject Name Subj	Subj	Subject Name
Air Blank: 12/18/24 11:13 .000 Calibration Check: 23 12/18/24 11:13 .099	Blank: 12/18/24 11:12 .000 bration Check: 12/18/24 11:12 .099		Air Blank: 12/18/24 11:11 .000 Calibration: 23 12/18/24 11:11 .100
	ST RECORD 80692 9/ Date Time 210L	H em	TEST RECORD 00691 S/ Temp Date Time 2101
AS IV Serial no: 111755 AS IV	AS IU Serial no: 111755 AS I Version no: 532B		AS IV Serial no: 111755 Version no: 532B
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Control Socion	T_MAKE 240173 Location Location	1	Calibration Check: 24 12/18/24 11:17 .099 Subject Name	11:17	133	AS IV Serial no: 111755 Version no: 532B

Operator Name, I.D.

Location 24011

Touch G HQ

willow spein

Subject I.D.

Subject Name

Temp Date Time 2 UOID: RFI 12 12/18/24 11:20

AS IV Serial no: 11175 Version no: 532B

TEST RECORD 00695



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):

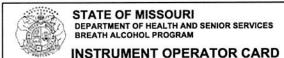
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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	Mike Massin
DATE DITUIZUZI	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240173	
EXPIRES 8/16/2026	Davla I. Nichelson
E/1 11120 D. L. J. L	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

