

## 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<br>Send copy to Department of Health and Seni   |  |                                      |                       | enever instrument is repaired.  |  |
|---|--|--------------------------------------|-----------------------|---------------------------------|--|
| ALCO SENSOR IV SN<br>111777   | NAME OF AGENCY Missouri State Highway Patrol |                                      |                       | E OF INSPECTION<br>/09/2024     |  |
| LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803  |  |                                      |                       | E OF INSPECTION<br>:40          |  |
| CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be  | item if found to be satisfa                  |                                      | within established li | mits. (Write in observed values |  |
| DIGITAL READOUT (ALL ELEMENTS C   | PERATIONAL)                                  |                                      |                       |                                 |  |
| TEMPERATURE OF ALCO SENSOR (1   | 0°C - 40°C)                                  |                                      |                       |                                 |  |
| PRINTER WORKING PROPERLY  |  |                                      |                       |                                 |  |
| ▼ TIME AND DATE DISPLAYING PROPERLY   |  |                                      |                       |                                 |  |
| BREATH ALCOHOL ACCURACY STANDA  | RDS  |                                      |                       |                                 |  |
| ✓ SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE   |  |                                      |                       |                                 |  |
| STANDARD SUPPLIER Guth Labora   | atories, INC LO                              | T # 23390                            | EXP. DATE 10          | /17/2025                        |  |
| SIMULATOR TEMPERATURE (34°C ± 0   | <sub>0.2°C)</sub> 33.99 <sub>SIM.</sub>      | SN MP2418                            | SIM. NIST             | EXP DATE 12/05/2024             |  |
| less. Check the box corresponding to the  0.100% STANDARD - MUST READ  0.080% STANDARD - MUST READ  0.040% STANDARD - MUST READ   | BETWEEN 0.095% and 0 BETWEEN 0.076% and 0    | 0.105% INCLUSIVE<br>0.084% INCLUSIVE |                       |                                 |  |
| TEST 1 <b>▼</b> .102  | TEST 2 <b>▼</b> .100                         |                                      | TEST 3 <b>▼</b> .100  |                                 |  |
| FI 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)                                      | .1014) 0                             | (.1519) 2             | (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).  CHANGED TIME+3 MINUTES |  |                                      |                       |                                 |  |
| INSPECTING OFFICER  |  |                                      |                       |                                 |  |
| SIGNATURE # 127   |  |                                      |                       | Henley #727                     |  |
| TYPE II PERMIT WOMBER EXPIGATION DATE 240144  | 6/28/2026                                    |                                      | ( 417 ) 895 - 686     | 8                               |  |
| Return completed report to the: Breath A by mail, it  | lcohol Program, MO Depa<br>fax, or email.    | rtment of Health ar                  | nd Senior Services,   | Southeast District Office       |  |

AS IV Serial no: 111777 Version no: 532B TEST RECORD 00207

Temp Date Time 2101 Calibration Check: 28 89/89/24 21:43 .182 Air Blank: 09/09/24 21:43 .000

Subject Name

Location

331 E

Subject I.D. TEST 1

Operator Name, I.D.

W HENLEY#707 KEARNEY

SPRINGFIELD, MO \_#727

AS IV Serial no: 111777 Version no: 532B

Temp Date Time 210L Calibration Check: 21 09/09/24 21:44 .100 Air Blank: 09/09/24 21:44 .000 TEST RECORD 00208

Subject Name

Subject I.D. TEST 2

Operator Name, I.D. W HENLEY #727

Location

313) E KEARNEY

Speerwerseld Mo 7#707

> AS IV Serial no: 111777 Version no: 532B TEST RECORD 00209

Temp Date Time 210I

Air Blank: 09/09/24 21:45 .000 Calibration Check: 21 09/09/24 21:45 .100

Subject Name

Subject I.D. TEST 3

Operator Name, I.D.

3131 E KEGENEY Location D W HENKY #707

DRINGFIELD MO 15 # 707

AS IV Serial no: 111777 Version no: 532B

UOID: RFI 12 09/09/24 21:46 Temp TEST RECORD 00210 Date Time 210L

Subject Name

Subject I.D. RAY

Operator Name, I.D. O W HENEY#707

Location

313) E KEARNEY

DRINGFIELD MO LEL# >



### 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:

1

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

# DAVID W. HENLEY, JR.

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.

| DATE6/28/2024      | Mile Massur  |
|--------------------|--|
| NUMBER 240144      | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
| NUMBER 240144      |  |
| EXPIRES 6/28/2026  | Daves I. Nichelson                                   |
| 40 500 0771 (C 10) | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

MO 580-0771 (6-10)



