

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

A SHAPE						
Complete this is Send copy to D	report in duplicate at the time Department of Health and Seni	of the regular monthly or Services; retain orig	preventative maintena inal in department file	ance check, and whene	ver instrument is repaired.	
ALCO SENSOR IV	SN	NAME OF AGENCY Missouri State	e Highway Patrol	DATE OF 12/31/3	INSPECTION 2024	
LOCATION OF INS	ocation of Instrument (STREET AND CITY) 3131 E Kearney, Springfield, Missouri 65803			TIME OF 13:22	INSPECTION	
	lace a mark in the box by each		sfactory or if operating	within established limits	. (Write in observed values	
where determin	ned.) Unmarked items must be	corrected before using	g instrument.		E	
✓ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)						
▼ TEMPERA	RATURE OF ALCO SENSOR (10°C - 40°C)					
✓ PRINTER	WORKING PROPERLY					
✓ TIME AND DATE DISPLAYING PROPERLY						
BREATH ALC	OHOL ACCURACY STANDAR	RDS				
✓ SIMULATO	DR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE					
✓ STANDAF	D SUPPLIER Guth Labora	atories, INC	LOT # 24310	EXP. DATE 08/27	/2026	
✓ SIMULATO	OR TEMPERATURE (34°C ± 0	_{0.2°C)} 33.99 s	IM. SN MP2418	SIM. NIST EX	P DATE 12/04/2025	
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 - .0	99	TEST 2099		TEST 3 ▼ .100		
✓RFI DETE	CTOR OPERATING				-	
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)						
REFUSALS	(004)	(.0509)	(.1014) 1	(.1519)	(OVER .19)	
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).						
CHAI	NGED TIME+2	2 MINUTES	S, COMPL	ETED CAL	.IBRATION	
INCRECTING	OSEICER					
INSPECTING SIGNATURE	12 # 727			PRINT NAME D W He	enley #727	
TYPE II PERMIT NO	MBER EXPURATION DATE 240144	6/28/2026	J	TELEPHONE NUMBER (417) 895 - 6868		
Return comp	leted report to the: Breath A	Icohol Program, MO D	epartment of Health a	nd Senior Services, So	utheast District Office	
	by mail,	fax, or email.				

Temp Date Time 210L Air Blank: 12/31/24 13:28 .000 Calibration Check: 24 12/31/24 13:28 .099 AS IV Serial no: 111777 Version no: 532B TEST RECORD 00239 TEST RECORD - REPRINT

Subject Name Subject I.D.

3131 E KEARNEY D W HENLEY # 707 Operator Name, I.D. Location

SORTWOFIELD MO

Temp Date Time 210L AS IV Serial no: 111777 Version no: 532B Calibration Check: 24 12/31/24 13:38 .099 12/31/24 13:30 .000 TEST RECORD 00240 Air Blank:

Subject Name TESTA Subject I.D.

Subject Name

Subject I.D. TEST

> HENEY# 727 SORTHOFTECO MO SX#S SISI E KERGWE Y Operator Name, I.D. Location

AS IV Serial no: 111777 Version no: 532B

Temp Date Time 210L TEST RECORD 00242 VOID: RFI 12 12/31/24 13:33

Air Blank: 12/31/24 13:32 .000 Calibration Check: 25 12/31/24 13:32 .100

Temp Date Time 2101

TEST RECORD 00241

AS IV Serial no: 111777 Version no: 532B

Subject Name

Subject I.D.

U HENEY#37

Operator Name, I.D.

161 HENEY# 313) E KEARNEY Operator Name, I.D. ocation

SORTING MO

SARTHELD MO

SIS) E KEARNEY

Location

10x # 20)



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24310 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 28, 2024, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is August 27, 2026 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	While Wassur
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240144	Daves I. nichelson
EXPIRES 6/28/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)



HENLEY, JR., DAVID Operator

Permit No 240144

Date Expires 6/28/2026

