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By Tracy Crews at 10:20 am, Jun 10, 2024



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 <u>111 779</u>	NAME OF AGENCY <u>Stone Co. Sheriff's Office</u>	DATE OF INSPECTION <u>06/05/2024</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>110 S Maple St Galena MO</u>		TIME OF INSPECTION <u>0745</u>

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)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth LOT # 23390 EXP. DATE 10/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIM. SN MP6027 SIM. NIST EXP DATE 03/01/2025
- 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 • <u>.103</u>	TEST 2 • <u>.101</u>	TEST 3 • <u>.100</u>
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- 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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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 	PRINT NAME <u>Kyle Stults</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>03/22/2026 240070</u>	TELEPHONE NUMBER <u>417-357-6116</u>

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: 111779  
Version no: 532B

TEST RECORD 00754

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/05/24 07:45 .000  
Calibration Check:  
21 06/05/24 07:45 .000

Subject Name

*Monthly Maint*

Subject I.D.

*Self Test*

Operator Name, I.D.

*K. Stults 240070*

Location

*Stone Co. Jail*

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00755

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/05/24 07:47 .000  
Calibration Check:  
22 06/05/24 07:47 .103

Subject Name

*Monthly Maint*

Subject I.D.

*Test 1*

Operator Name, I.D.

*K. Stults 240070*

Location

*Stone Co. Jail*

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00756

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/05/24 07:49 .000  
Calibration Check:  
22 06/05/24 07:49 .101

Subject Name

*Monthly Maint*

Subject I.D.

*Test 2*

Operator Name, I.D.

*K. Stults 240070*

Location

*Stone Co. Jail*

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00757

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
06/05/24 07:51 .000  
Calibration Check:  
23 06/05/24 07:51 .100

Subject Name

*Monthly Maint*

Subject I.D.

*Test 3*

Operator Name, I.D.

*K. Stults 240070*

Location

*Stone Co. Jail*

AS IV Serial no: 111779  
Version no: 532B

TEST RECORD 00758

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 06/05/24 07:52

Subject Name

*Monthly Maint*

Subject I.D.

*RFI*

Operator Name, I.D.

*K. Stults 240070*

Location

*Stone Co. Jail*



## 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L**  $\pm 3\%$ .

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**  
**KYLE G. STULTS**

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**

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 3/22/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240070

*David J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/22/2026

LAB-4 (R6-10)

MO 580-0771 (6-10)

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 STULTS, KYLE  
 Permit No 240070  
 Date Issued 3/22/2024 Date Expires 3/22/2026

