



# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| ALSKAL.   |                |                               |                |                                   |                             |  |
|---|----------------|-------------------------------|----------------|-----------------------------------|-----------------------------|--|
| Complete this report in du<br>Send copy to Department   |                |                               |                |                                   | ver instrument is repaired. |  |
| ALCO SENSOR IV SN<br>120499   |                | NAME OF AGENCY Missouri State | Highway Patrol |                                   | FINSPECTION<br>2024         |  |
| NPS Ranger Station, Winona  |                |                               |                | TIME OF 9:46 F                    | INSPECTION<br>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)  |                |                               |                |                                   |                             |  |
| 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 05/17/2025  |                |                               |                |                                   |                             |  |
| ✓ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP2124 SIM. NIST EXP DATE 02/01/202  |                |                               |                |                                   |                             |  |
| 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 <b>▼</b> .102  |                | TEST 2 <b>▼</b> .102          |                | TEST 3 <b>▼</b> .102              |                             |  |
| ✓RFI DETECTOR OPERATING   |                |                               |                |                                   |                             |  |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)   |                |                               |                |                                   |                             |  |
|   | :9             | 1                             | (.1014) 0      | (45.40) 0                         | (OVER .19) 0                |  |
|   | (004) 0        | 500                           |                |                                   |                             |  |
| 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  |                |                               |                | DOWENAME                          |                             |  |
| SIGNATURE MULTIPLE  |                |                               |                | PRINT NAME Thomas Meyer           |                             |  |
| TYPE II PERMIT NUMBER/EXPIRAT   | ON DATE 240173 | 8 08/16/2026                  |                | TELEPHONE NUMBER<br>(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.  |                |                               |                |                                   |                             |  |
|   | ,              |                               |                |                                   |                             |  |

-emp Temp Dete Time 210: Air Blank 21:47 .000 Cellbration Check: 102 AS IV Serial no. 120499 Version no: 532C TEST RECORD DODYS Subject Name

Local on 2410173 Operator Name. 1.D.

Subject 1.0

NB RANGER STATION MNONM

AIL BIONS/24 21.51 .000 AS TV Serial no: 720459 Subject Name Temp Date Time 210; AS TV Serial no: 120499 Version no: 5320 Air Blank: 10/03/24 21:49 .000 Cellbration Check: 22 10/03/24 21:49 .102 TEST RECORD 00078 Subject Name

Time 2:01

Date

TEST RECORD 00077

MEYER 240173 Operator Name. 1.D. Subject 1.D.

T. MEYER RYDOING

Locat Ion

Operator Name. 1.

Subject 1.D.

NPS PANCER STATION Location

WINONA

WINCHA

NAS PANGER STATION AS IV Serial no: 120499 Version no: 5320 TEST RECORD 00078 Subject 15 Operator Name. 1.D. Temp Date Time VOID PF1 12 10/03/24 21:52 WINOWA Subject Name Locat ion NPS RANGER STATION

Date Time 290



#### 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.

M. A. Massau

| 1 12-31  |
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| DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |
|  |
| Davea I. Nichelson                                   |
| DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |
|  |

MO 580 0771 (6-10)

LAB < (RS-10)

