



**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 097442	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/21/2025
LOCATION OF INSTRUMENT (STREET AND CITY) Troop G Headquarters, Willow Springs		TIME OF INSPECTION 9:15 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) 20°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 # 24310 EXP. DATE 08/27/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP2323 SIM. NIST EXP DATE 01/31/2026

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>.101</u>	TEST 2 <u>.100</u>	TEST 3 <u>.101</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).

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**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>Thomas Meyer</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240173 08/16/2026</b>	TELEPHONE NUMBER <b>(417-469)-3121</b>

**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: 097442  
Version no: 532B

TEST RECORD 00477

Temp Date Time 21:09/210L

Air Blank: 03/21/25 21:19 .000

Callibration Check: 20 03/21/25 21:19 .101

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173

Location

Troop G the

Willows Springs

AS IV Serial no: 097442  
Version no: 532B

TEST RECORD 00478

Temp Date Time 21:09/210L

Air Blank: 03/21/25 21:21 .000

Callibration Check: 21 03/21/25 21:21 .100

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173

Location

Troop G the

Willows Springs

AS IV Serial no: 097442  
Version no: 532B

TEST RECORD 00479

Temp Date Time 21:09/210L

Air Blank: 03/21/25 21:23 .000

Callibration Check: 22 03/21/25 21:23 .101

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173

Location

Troop G the

Willows Springs

AS IV Serial no: 097442  
Version no: 532B

TEST RECORD 00480

Temp Date Time 21:09/210L

VOID: RFI 12 03/21/25 21:24

Subject Name

Subject I.D.

Operator Name, I.D.

T. MEYER 240173

Location

Troop G the

Willows Springs



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

NUMBER 240173

EXPIRES 8/16/2026

*Mike Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

**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** MEYER, THOMAS  
**Permit No** 240173  
**Date Issued** 8/16/2024 **Date Expires** 8/16/2026





## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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.*