





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 t Send copy to Department of Health and	ime of the regular monthly Senior Services; retain orig	preventative mainten ginal in department file	ance check, and whene	ever instrument is repaired	
ALCO SENSOR IV SN 100292	NAME OF AGENCY Missouri State I	NAME OF AGENCY Missouri State Highway Patrol		DATE OF INSPECTION 03/04/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 504 SE Blue Parkway, Lee's Summit, Mo. 64063				INSPECTION	
CHECKLIST: Place a mark in the box by where determined.) Unmarked items must	each item if found to be sati	sfactory or if operating	within established limits	s. (Write in observed values	
DIGITAL READOUT (ALL ELEMENT		g instrument.			
TEMPERATURE OF ALCO SENSOR	R (10°C - 40°C)				
✓ PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PRO	PERLY				
BREATH ALCOHOL ACCURACY STAN	DARDS				
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE					
✓ STANDARD SUPPLIER Guth Labo	ratories	LOT # 23390	EXP. DATE 10/17/	2025	
☑ SIMULATOR TEMPERATURE (34°C	± 0.2°C)34.00S	IM. SNMP220	6 SIM. NIST EX	P DATE 12/13/2025	
Run three tests using a standard soluless. Check the box corresponding to 0.100% STANDARD - MUST RE 0.080% STANDARD - MUST RE 0.040% STANDARD - MUST RE	the standard solution bein EAD BETWEEN 0.095% ar EAD BETWEEN 0.076% ar	g used. (PRINTOUT And 0.105% INCLUSIVI and 0.084% INCLUSIVI	ATTACHED) E E		
TEST 1 .100	T 1 • .100 TEST 2 • .101		TEST 3 .101		
☑ RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TO (DO NOT INCLUDE SELF-ADMINISTER	TESTS IN THE FOLLOWIN ED TESTS)	NG RANGES SINCE	THE LAST MAINTENAN	ICE REPORT:	
REFUSALS (004) 5	(.0509)	(.1014)	(.1519)	(OVER .19) 1	
List any new parts and describe any alterestablished limits (use other side if necess	ration or modification that sary).	was made to restore	the instrument to opera	te satisfactorily and within	
INSPECTING OFFICER					
SIGNATURE CULL		PRINT NAME Tpr. D.T.Craig #561			
TYPE II PEBMT NUMBER/EXPIRATION DATE 230044 03/27/2025			TELEPHONE NUMBER (816) 622-0800		
Return completed report to the: Breath by ma	n Alcohol Program, MO De iil, fax, or email.	partment of Health an		heast District Office	

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01425

Temp Date Time 210L

Air Blank:
 03/04/25 22:10 .000
Calibration Check:
 19 03/04/25 22:10 .100

Subject Name

Tzs+

Subject I.D.

Operator Name, I.D.

D.T. Cara 2 23.0344

Location

TOOP A

AS IV Serial no: 180292
Version no: 532B

TEST RECORD 01426

Temp Date Time 210L

Air Blank:
03/04/25 22:12 .000
Calibration Check:
20 03/04/25 22:12 .101

Subject Name
Test
Subject I.D.

Operator Name, I.D.

D.T.Ca.Q 230044

Location

AS IV Serial no: 100292
Version no: 532B

TEST RECORD 01427

Temp Date Time 210L

Air Blank:
03/04/25 22:14 .000
Calibration Check:
21 03/04/25 22:14 .101

Subject Name

184 3
Subject I.D.

Operator Name, I.D.

D.T.Cro.D. 230444

Location

AS IV Serial no: 189292

Version no: 532B

TEST RECORD 01428

Temp Date Time 210L

UOID: RFI
12 03/04/25 22:16

Subject Name
Subject Name
Operator Name, I.D.

Operator Name, I.D.

Operation
Location
Location



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

DAVID T. CRAIG

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. MA 1 INA

DATE3/27/2023	Mike Massur		
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230044			
EVOIDE 2/27/2025	Daves J. neckelson		
EXPIRES 3/27/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
	LAD 4 /DC 10		

MO 580-0771 (6-10)

LAB-4 (R6-10)



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.

CRAIG, DAVID Operator Permit No 230044

Date Expires 3/27/2025 Date Issued 3/27/2023

