



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 104658 | NAME OF AGENCY Missouri State Highway Patrol | DATE OF INSPECTION 03/11/2025 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 3525 North Belt Highway, Saint Joseph, Missouri 64506 | | TIME OF INSPECTION 9:17 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 LOT # 24310 EXP. DATE 08/27/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP2310 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 .097 | TEST 2 .097 | TEST 3 .096 |
|--------------|--------------|--------------|

- 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 | 0 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

Calibration check completed for .100 simulator solution and time adjusted for day light savings.

| | |
|--|------------------------------------|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME Sean P. Gomez |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 240259 12/13/2026 | TELEPHONE NUMBER (816) 387-2345 |

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

104658
IMULATOR
MP2310

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00481

Temp Date Time ^{s/} 210L

Air Blank:
03/11/25 21:17 .000
Calibration Check:
29 03/11/25 21:17 .097

TEST 1

Subject Name

SEAN GOMEZ

Subject I.D.

240259

Operator Name, I.D.

3525 N. BELT HWY
Location ST. JOSEPH, MO

TROOP H

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00482

Temp Date Time ^{s/} 210L

Air Blank:
03/11/25 21:19 .000
Calibration Check:
29 03/11/25 21:19 .097

TEST 2

Subject Name

SEAN GOMEZ

Subject I.D.

240259

Operator Name, I.D.

3525 N. BELT HWY
Location ST. JOSEPH, MO

TROOP H

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00483

Temp Date Time ^{s/} 210L

Air Blank:
03/11/25 21:21 .000
Calibration Check:
30 03/11/25 21:21 .096

TEST 3

Subject Name

SEAN GOMEZ

Subject I.D.

240259

Operator Name, I.D.

3525 N. BELT HWY
Location ST. JOSEPH, MO

TROOP H

AS IV Serial no: 104658
Version no: 532B

TEST RECORD 00484

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/11/25 21:23

RFI

Subject Name

SEAN GOMEZ

Subject I.D.

240259

Operator Name, I.D.

3525 N. BELT HWY
Location ST. JOSEPH, MO

TROOP H



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 **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.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
SEAN P. GOMEZ

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 12/13/2024

Adam Hill

DIRECTOR STATE PUBLIC HEALTH LABORATORY

NUMBER 240259

Dave J. Nicholson

EXPIRES 12/13/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 GOMEZ, SEAN
 Permit No 240259
 Date Issued 12/13/2024 Date Expires 12/13/2026

