



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 10:37 am, Mar 12, 2025

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 107975	NAME OF AGENCY STODDARD COUNTY SO	DATE OF INSPECTION 03/11/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) 207 SOUTH PRAIRIE, BLOOMFIELD, MO	TIME OF INSPECTION 2:36 pm
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**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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LABORATORIS</u> LOT # <u>24110</u> EXP. DATE <u>03/25/2026</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP7035</u> SIM. NIST EXP DATE <u>08/28/2025</u>	

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

REPLACED INK RIBBON AND CHARGED PRINTER.

<b>INSPECTING OFFICER</b>	
SIGNATURE	PRINT NAME Zachary Matney
TYPE II PERMIT NUMBER/EXPIRATION DATE 240194 08/29/2026	TELEPHONE NUMBER (573) 568-4654

**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: 107975  
Version no: 532B

TEST RECORD 00753

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

Air Blank:  
03/11/25 14:36 .000  
Calibration Check:  
27 03/11/25 14:36 .097

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Z.M. Matney 240194

Location

SCSO

AS IV Serial no: 107975  
Version no: 532B

TEST RECORD 00754

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

Air Blank:  
03/11/25 14:39 .000  
Calibration Check:  
28 03/11/25 14:39 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Z.M. Matney 240194

Location

SCSO

AS IV Serial no: 107975  
Version no: 532B

TEST RECORD 00755

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

Air Blank:  
03/11/25 14:41 .000  
Calibration Check:  
28 03/11/25 14:41 .096

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Z.M. Matney 240194

Location: SCSO

AS IV Serial no: 107975  
Version no: 532B

TEST RECORD 00756

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

VOID: RFI  
12 03/11/25 14:42

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Z.M. Matney 240194

Location  
SCSO



**GUTH LABORATORIES, INC.**

690 NORTH 67TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-584-5470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24110 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 6, 2024, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is March 5, 2026 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

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**PERMIT  
TYPE II**

**ZACHARY MATNEY**

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 8/29/2024

NUMBER 240194

EXPIRES 8/29/2026

MO 680-0771 (8-10)

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (88-10)

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 **MATNEY, ZACHARY**  
Permit No **240194**  
Date issued **8/29/2024** Date Expires **8/29/2026**

