



RECEIVED

By Brian Lutmer at 1:40 pm, Mar 17, 2025

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 107984	NAME OF AGENCY MSHP	DATE OF INSPECTION 03/02/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 1702 E. Laharpe Street, Kirksville, MO 63501		TIME OF INSPECTION 9:15 am

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 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2519 SIM. NIST EXP DATE 04/25/2025

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 .099

TEST 2 .100

TEST 3 .100

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)	1	(.05-.09)	0	(.10-.14)	1	(.15-.19)	1	(OVER .19)	0
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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).

Printer battery replaced

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Tpr. C. J. Snyder, #491

TYPE II PERMIT NUMBER/EXPIRATION DATE
240208 09/10/2026

TELEPHONE NUMBER
(660) 385-2132

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



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

AS IV Serial no: 187984
Version no: 532B

TEST RECORD 00901
s/

Temp Date Time 210L

Air Blank: 03/02/25 09:15 .000
Calibration Check: 23 03/02/25 09:15 .099

Subject Name

Test #1
Subject I.D.

Operator Name, I.D.

Tr C.S. Snyder 240208
Location

1702 E. Labarge St.

Kirksville, MO

Cody Sisk 491

AS IV Serial no: 187984
Version no: 532B

TEST RECORD 00902
s/

Temp Date Time 210L

Air Blank: 03/02/25 09:17 .000
Calibration Check: 23 03/02/25 09:17 .100

Subject Name

Test #2
Subject I.D.

Operator Name, I.D.

Tr C.S. Snyder 240208
Location

1702 E. Labarge St.

Kirksville, MO

Cody Sisk 491

AS IV Serial no: 187984
Version no: 532B

TEST RECORD 00903
s/

Temp Date Time 210L

Air Blank: 03/02/25 09:19 .000
Calibration Check: 23 03/02/25 09:19 .100

Subject Name

Test #3
Subject I.D.

Operator Name, I.D.

Tr C.S. Snyder 240208
Location

1702 E. Labarge St.

Kirksville, MO

Cody Sisk 491

AS IV Serial no: 187984
Version no: 532B

TEST RECORD 00904
s/

Temp Date Time 210L

VOID: RFI
12 03/02/25 09:22

Subject Name

RFI
Subject I.D.

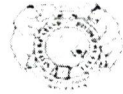
Operator Name, I.D.

Tr C.S. Snyder 240208
Location

1702 E. Labarge St.

Kirksville, MO

Cody Sisk 491



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP2519 Manufacturer: Guth
Model Number: 12V500
Agency: MSHP (GHQ)
Agency Address: 1510 E ELM ST, JEFFERSON CITY, MO 65101

NIST THERMOMETER INFORMATION

Serial Number: 307715 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 10/4/2023 Date of Expiration: 10/4/2024

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (33.99), NIST Average (34.02), Combined Uncertainty (.06)

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/25/2024
Certification Expiration: 4/25/2025
Simulator testing technician: J. CLEVELAND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP2519_4252024

X [Signature]

DHSS BAP Scientist Approving



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



PERMIT
TYPE II
CODY SNYDER

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 9/10/2024

NUMBER 240208

EXPIRES 9/10/2026

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 SNYDER, CODY
Permit No 240208
Date Issued 9/10/2024 **Date Expires** 9/10/2026

