

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

Herrica						
Complete this report in d Send copy to Departmen	uplicate at the time o t of Health and Senio	of the regular monthly or Services; retain origi	preventative mainten inal in department file	ance check, and whe	enever instrument is repaired.	
ALCO SENSOR IV SN 107990		NAME OF AGENCY Missouri Sate Highway Patrol			of inspection 04/2025	
LOCATION OF INSTRUMENT (S					OF INSPECTION 48 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 SOLUT	SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE					
✓ STANDARD SUPPLIER 24310 LOT # 24310 EXP. DATE 08/27/2026					27/2026	
☑ SIMULATOR TEMPE	ERATURE (34°C ± 0.2	2°C)34.01 SI	м. snMP212	0 SIM. NIST	EXP DATE <u>04/25/2025</u>	
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 ▼ 0.100	Т	EST 2 • 0.099		TEST 3 • 0.097		
☑ RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)						
(DO NOT INCLUDE SEL	.F-ADMINISTERED I		1			
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
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).						
					et.	
INSPECTING OFFICER						
SIGNATURE D				PRINT NAME R. D. JOHNSON		
TYPE II PERMIT NUMBER/EAPIRAT 240036//02/05/2026			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.						



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°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.

MAR 0 4 2025

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01024

Subject Name

Subject I.D. 24036

Operator Name, I.D.

89 %

Location

Trup B. Zone 6

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01027

Temp Date Time 210L

Air Blank: 03/04/25 10:54 .000

03/04/25 10:54 .000 Calibration Check: 24 03/04/25 10:54 .097

Subject Name

#3

Subject I.D.

896

Operator Name, I.D.

240036

Location

Troop B, Tone 6

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01026

Temp Date Time 210L

Air Blank:

03/04/25 10:52 .000

Calibration Check: 24 03/04/25 10:52 .099

Subject Name

Subject I.D.

8 24W34

Operator Name, I.D.

Location

Troop B. Con. C

AS IV Serial no: 107990 Version no: 532B

TEST RECORD 01025

Temp Date Time 210L

VOID: RFI 12 03/04/25 10:50

Subject Name

Subject I.D.

240036

Operator Name, I.D.

896

Location

Troop B. Zen 6



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

RILEY D. JOHNSON

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

DATE 2/5/2024

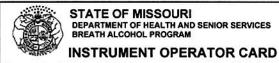
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 2/5/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 ai in Missouri.

Operator JOHNSON, RILEY

Permit No 240036

Date Issued 2/5/2024 Date Expires 2/5/2026

