



RECEIVED

By Brian Lutmer at 1:40 pm, Mar 17, 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 107990	NAME OF AGENCY Missouri Sate Highway Patrol	DATE OF INSPECTION 03/04/2025
LOCATION OF INSTRUMENT (STREET AND CITY) Troop B, Zone 6 Office Kahoka, MO		TIME OF INSPECTION 10:48 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 SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER 24310 LOT # 24310 EXP. DATE 08/27/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP2120 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 → 0.100

TEST 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)**

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).

INSPECTING OFFICER

SIGNATURE *R.D.*

PRINT NAME
R. D. JOHNSON

TYPE II PERMIT NUMBER/EXPIRATION DATE
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.



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

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 04 2025

AS IV Serial no: 107990
Version no: 532B

TEST RECORD 01024

Temp Date Time ^{s/} 210L

Air Blank:
03/04/25 10:47 .000
Calibration Check:
23 03/04/25 10:47 .100

Subject Name
Test #1

Subject I.D.
240036

Operator Name, I.D.
896

Location
Troop B, Zone 6

AS IV Serial no: 107990
Version no: 532B

TEST RECORD 01026

Temp Date Time ^{s/} 210L

Air Blank:
03/04/25 10:52 .000
Calibration Check:
24 03/04/25 10:52 .099

Subject Name
#2

Subject I.D.
8 240036

Operator Name, I.D.
896

Location
Troop B, Zone 6

AS IV Serial no: 107990
Version no: 532B

TEST RECORD 01027

Temp Date Time ^{s/} 210L

Air Blank:
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, Zone 6

AS IV Serial no: 107990
Version no: 532B

TEST RECORD 01025

Temp Date Time ^{s/} 210L

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

Subject Name
RFI

Subject I.D.
240036

Operator Name, I.D.
896

Location
Troop B, Zone 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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/5/2024

NUMBER 240036

EXPIRES 2/5/2026

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

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 JOHNSON, RILEY
 Permit No 240036
 Date Issued 2/5/2024 Date Expires 2/5/2026

