

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 10:08 am, Mar 06, 2025

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ierex								
Complete this report in duplicate at the time of Send copy to Department of Health and Senior		nce check, and whenever instrument is repaired.						
ALCO SENSOR IV SN 108272	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/04/2025						
LOCATION OF INSTRUMENT (STREET AND CITY) 2201 I-70 Drive Northwest Columbia, Misso	ouri 65202	TIME OF INSPECTION 7:58 pm						
CHECKLIST: Place a mark in the box by each ite	em if found to be satisfactory or if operating	within established limits. (Write in observed values						
where determined.) Unmarked items must be co	orrected before using instrument.							
☑ DIGITAL READOUT (ALL ELEMENTS OPE	ERATIONAL)							
✓ TEMPERATURE OF ALCO SENSOR (10°C)	C - 40°C)							
☑ PRINTER WORKING PROPERLY								
☑ TIME AND DATE DISPLAYING PROPERLY								
BREATH ALCOHOL ACCURACY STANDARD	S							
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE								
✓ STANDARD SUPPLIER Guth	LOT # 23390	EXP. DATE <u>10/17/2025</u>						
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°	°C) 34.02 SIM. SN MP2427	7 SIM. NIST EXP DATE <u>04/03/2025</u>						
less. Check the box corresponding to the star 0.100% STANDARD - MUST READ BI 0.080% STANDARD - MUST READ BI								
TEST 1 0.104 TE	ST 2 ~ 0.104	TEST 3 0.104						
☑ RFI DETECTOR OPERATING	15							
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		HE LAST MAINTENANCE REPORT:						
REFUSALS 0 (004) 0	(.0509) 3 (.1014) 5	(.1519) 2 (OVER .19) 0						
List any new parts and describe any alteration established limits (use other side if necessary).	or modification that was made to restore t	the instrument to operate satisfactorily and within						
Printer Paper Replaced								
Tested within DHSS Standards								
4								
INSPECTING OFFICER								
SIGNATURE /1 M/		PRINT NAME						
Yand Valley	Trooper D. L. Holliday							
240204/ 09-06-2026	TELEPHONE NUMBER (573) 751-1000							
Return completed report to the: Breath Alco	phol Program, MO Department of Health an							

AS IV Serial no: 108272
Version no: 532B

TEST RECORD 01457

Temp Date Time 210L

Air Blank:
03/04/25 20:08 .000
Subject Test: Man
20 03/04/25 20:08 .104

Subject Name

ACC |
Subject I.D.

Acc |
Operator Name, I.D.

Holliday 240204
Location

2201 T-70 Dr NW

AS IV Serial no: 108272 Version no: 532B TEST RECORD 01458 Temp Date Time 210L Air Blank: 03/04/25 20:11 .000 Calibration Check: 20 03/04/25 20:11 .104 Subject Name Acc 2 Subject I.D. Acc 2 Operator Name, I.D. Holliday 240204 Columbia, Mo

AS IV Serial no: 188272
Version no: 532B

TEST RECORD 01459

Sylvant Property 197

Temp Date Time 210L

Air Blank:
03/04/25 20:12 .000
Calibration Check:
21 03/04/25 20:12 .104

Subject Name

Acc 3
Subject I.D.

Acc 3
Operator Name, I.D.

Holliday 240204
Location

2201 T-70 Dr NU

Columbia, Mo

188272	. 69	9/ 210L						2	-
no: 16 532B	01469	Time	0:14			I.D.	240204	76 Dr 1/10	Mo
erial no:	TEST RECORD	Date	0: RFI 03/04/25 20:14	Name Test	Test	Operator Name,	4	L	1
AS IU Se	TESI	Temp	VOID: R 12 03/	Subject Name RFT Test	OFF.	OPerato	Hollede.	1988	(John bre



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°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



PERMIT TYPE II

DAVID L. HOLLIDAY

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 9/6/2024

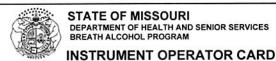
NUMBER 240204

EXPIRES 9/6/2026

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 al

Operator HOLLIDAY, DAVID

Permit No 240204

Date Issued 9/6/2024 Date Expires 9/6/2026

