

By Tracy Crews at 9:26 am, Feb 24, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

	ALSEGI.									
			uplicate at the time t of Health and Ser		[18] [18] [18] [18] [18] [18] [18] [18]			d whenev	ver instrument is repaired.	
	O SENS 1329	OR IV SN		NAME OF AGENO	CY			02/21/2	INSPECTION 2025	
			STREET AND CITY)					TIME OF I	NSPECTION	
		1		h item if found to be	satisfactory or	if operating	g within establish	ed limits.	(Write in observed values	
	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.									
Ø	DIGIT	ITAL READOUT (ALL ELEMENTS OPERATIONAL)								
Ø	TEMP	PERATURE OF ALCO SENSOR (10°C - 40°C)								
Ø	PRIN'	NTER WORKING PROPERLY								
Ø		ME AND DATE DISPLAYING PROPERLY								
BR	EATH A	ALCOHOL AC	CURACY STANDA	RDS						
Ø	SIMU	ULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE								
Ø	STAN	IDARD SUPPL	IER GUTH LABS		LOT # <u>233</u>	90	EXP. DATE	10/17/2	.025	
Ø	SIMU	LATOR TEMPE	ERATURE (34°C ± 0	0.2°C)34.00	_ SIM. SN	MP246	35 SIM. N	IIST EXP	P DATE 12/04/2025	
	less. C	theck the box of 100% STAND	corresponding to the ARD - MUST READ ARD - MUST READ ARD - MUST READ	e standard solution D BETWEEN 0.0959 D BETWEEN 0.0769	being used. (P % and 0.105% % and 0.084%	RINTOUT INCLUSIV INCLUSIV	ATTACHED) 'E 'E		have a spread of .005 or	
TES	ST 1 🖝	.098		TEST 2 .101			TEST 3 .100			
	RFI DE	ETECTOR OPE	ERATING							
			R OF BREATH TES F-ADMINISTERED		OWING RANGI	S SINCE	THE LAST MAIN	NTENAN	CE REPORT:	
RE	FUSAL	.s	(004)	(.0509)	(.1014)	1	(.1519)	1	(OVER .19)	
		ew parts and d	escribe any alterati	on or modification			the instrument t	o operate	e satisfactorily and within	
established limits (use other side if necessary).										
			TIM	E CHANGE						
									¥)	
INS	PECTI	NG OFFICER								
	ATURE _	7%					PRINT NAME, L. H.	(1101	./F	
TVP	II PERMI	IT NUMBER/ĘXPIRATI	ON DATE				TELEPHONE NUMBER	C1(01	10	
. 176		40218	on one				TELEPHONE NUMBER	95-6	,868	
Ret	urn co	mpleted repor		lcohol Program, Mo fax, or email.	O Department o	of Health a	and Senior Servic	es, South	heast District Office	

Subject Name Calibration Check: 23 02/21/25 21:03 .098 Air Blank: 02/21/25 21:03 .000 Temp Date Time 210L AS IV Serial no: 111329 Version no: 532B TEST RECORD 00954

Deperator Name, I.D. Subject I.D. L.H. CROWE TEST #1 201

Location

AS IV Serial no: 111329 Version no: 532B Air Blank: 02/21/25 21:05 .000 Calibration Check: 23 02/21/25 21:05 .101 Temp Date Time 210L Subject Name TEST RECORD 80955 7EST #2

Subject I.D. Operator Name, I.D. Location 1. H. CROVE 201

> Uersion no: 532B AS IV Serial no: 111329

Temp TEST RECORD 00956 Date Time 210L

Air Blank: 02/21/25 21:08 .000 Calibration Check: 24 02/21/25 21:08 .100

Subject Name TEST #3

Subject I.D.

Operator Name, I.D. 201

Location

AS IV Serial no: 111329 Version no: 532B

UOID: RFI 12 02/21/25 21:20 Temp TEST RECORD 90958 Date Time 210L

Subject Name RFISubject I.D.

Operator Name, I.D. H. CROWE 20

Location



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 Alcohol Reference Solution for Simulator were analyzed by 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

LEVI H. CROWE

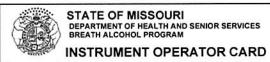
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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	10/16/2024	adam Hui				
DAIL	- W. W W W W W W W	DIRECTOR STATE PUBLIC HEALTH LABORATORY				
NUMBER	240218	7 . 100				
EXPIRES	10/16/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES				
IO 690 0771 /6	10)	LAB4 (R6-10)				

MO 580-0771 (6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air

Operator CROWE, LEVI Permit No 240218

Date Expires 10/16/2026 Date Issued 10/16/2024

