



**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 111331	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/31/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 3131 E Kearney Street Springfield, Mo		TIME OF INSPECTION 10:17 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 # 24310 EXP. DATE 08/27/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2418 SIM. NIST EXP DATE 12/04/2025

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 ← .103	TEST 2 ← .102	TEST 3 ← .103
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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) 3	(.15-.19)	(OVER .19) 1
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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).

CHANGED TIME +ONE HOUR AND 3 MINUTES DUE TO DAYLIGHT SAVINGS

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Jared R. Chronister
TYPE II PERMIT NUMBER/EXPIRATION DATE 240217 Expires 10/16/2026	TELEPHONE NUMBER (417) 895-6868

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

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 01283

Temp Date Time 210L <sup>9/</sup>

Air Blank:

03/31/25 10:19 .000

Calibration Check:

21 03/31/25 10:19 .103

Subject Name

Acc # 1

Subject I.D.

Operator Name, I.D.

J.R. CHIZONISTER

Location

3131 E HENAWAY

J. W. L. #200C

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 01284

Temp Date Time 210L <sup>9/</sup>

Air Blank:

03/31/25 10:21 .000

Calibration Check:

22 03/31/25 10:21 .102

Subject Name

Acc # 2

Subject I.D.

Operator Name, I.D.

J.R. CHIZONISTER

Location

3131 E HENAWAY

J. W. L. #200C

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 01285

Temp Date Time 210L <sup>9/</sup>

Air Blank:

03/31/25 10:23 .000

Calibration Check:

22 03/31/25 10:23 .103

Subject Name

Acc # 3

Subject I.D.

Operator Name, I.D.

J.R. CHIZONISTER

Location

3131 E HENAWAY

J. W. L. #200C

AS IV Serial no: 111331  
Version no: 532B

TEST RECORD 01286

Temp Date Time 210L <sup>9/</sup>

VOID: RFI

12 03/31/25 10:24

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

J.R. CHIZONISTER

Location

3131 E HENAWAY

J. W. L. #200C

The State of Missouri . . . .)  
County of Greene . . . . .)

## AFFIDAVIT

Before me, the undersigned authority, personally appeared Trooper Jared R. Chronister, who, being by me duly sworn, deposed as follows:

My name is Jared R. Chronister, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of the Troop D Alco-Sensor IV with Printer for the Missouri State Highway Patrol. Attached hereto are 4 pages of records from Troop D of the Missouri State Highway Patrol. These 4 pages of records are kept by Troop D in the regular course of business, and it was in the regular course of business of Troop D for an employee or representative of Troop D with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. These records attached hereto are the original or exact duplicates of the original.

  
\_\_\_\_\_  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 31<sup>st</sup>  
day of March, 2025.

My commission expires: March 9, 2028

  
\_\_\_\_\_  
Notary Public

SEAL







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



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

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**PERMIT**  
**TYPE II**  
**JARED R. CHRONISTER**

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  
NUMBER 240217  
EXPIRES 10/16/2026

*Adam J. Kubi*

DIRECTOR STATE PUBLIC HEALTH LABORATORY

*Doreen E. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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 CHRONISTER, JARED  
Permit No 240217  
Date Issued 10/16/2024 Date Expires 10/16/2026

