

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 10:09 am, Mar 06, 2025

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

485555.											
Complete this report in duplicate a Send copy to Department of Health							d whenev	ver instrument is	repaired.		
ALCO SENSOR IV SN 111333	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, Missouri 65202					8:34 pm						
CHECKLIST: Place a mark in the b					perating	within establish	ed limits.	. (Write in observ	ed values		
where determined.) Unmarked iten	ns must be	corrected before	re using	instrument.				··			
☑ DIGITAL READOUT (ALL ELE	MENTS O	PERATIONAL)									
☑ TEMPERATURE OF ALCO SI	ENSOR (10	0°C - 40°C)					3 + 3				
PRINTER WORKING PROPE	RLY	(4)									
☑ TIME AND DATE DISPLAYING											
BREATH ALCOHOL ACCURACY	STANDAR	RDS									
☑ SIMULATOR SOLUTION	☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE										
STANDARD SUPPLIER Guth			L	OT # 23390)	EXP. DATE	EXP. DATE 10/17/2025				
SIMULATOR TEMPERATURE	(34°C ± 0	0.2°C)34.02	2 SI	M. SN	MP242	2427 SIM. NIST EXP DATE <u>04/03/2025</u>					
 ✓ 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 0.104	TEST 2 ▼ 0.102				TEST 3 0.103						
☑ RFI DETECTOR OPERATING			8								
INDICATE THE NUMBER OF BRI (DO NOT INCLUDE SELF-ADMIN			LLOWIN	G RANGES	SINCE	THE LAST MAI	NTENAN	NCE REPORT:			
REFUSALS 0 (004)	0	(.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	0		
List any new parts and describe a established limits (use other side if			ion that	vas made to	restore	the instrument	to operat	te satisfactorily a	and within		
Tested within DHSS Standards	3										
2											
		war day an state of a									
INSPECTING OFFICER						PRINT NAME					
SIGNATURE						Trooper D. L. Holliday					
TYPE II PERMIT NUMBER/EXPIRATION DATE 240204/ 09-06-2026	700				TELEPHONE NUMBER (573) 751-1000						
Return completed report to the:		lcohol Program fax, or email.	, MO De	partment of	Health a	nd Senior Servi	ces, Sout	theast District O	ffice		

AS IV Serial no: 111333 Version no: 532B

TEST RECORD 01171

Temp Date Time 210L Air Blank: 03/04/25 20:41 .000 Calibration Check: 20 03/04/25 20:41 .104

Subject Name

Acc 1

Subject I.D.

Operator Name, I.D.

Holliday 240 204

Location

2201 I-70 Dr NW

Columbia Mo

AS IV Serial no: 111333 Version no: 532B

TEST RECORD 01172

Time 210L Date Temp Air Blank: 03/04/25 20:42 .000 Calibration Check:

21 03/04/25 20:42 .102

Subject Name

Hcc 2

Subject I.D.

Acc 2

Operator Name, I.D.

Location

AS IV Serial no: 111333 Version no: 532B

TEST RECORD 01173

Date Time 210L

Air Blank:

03/04/25 20:44 .000

Calibration Check:

22 03/04/25 20:44 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Hollide, 240204

Location

2201 I-70 D- WW

Columbia, Mo

11333	174	210L		*			4	1111	2	3
AS IV Serial no: 111333 Version no: 532B	TEST RECORD 01174	Temp Date Time	UOID: RFI 12 03/04/25 20:49	Subject Name	Subject I.D.	DET Test	Hollides 24024	Location	4017-1018	Colombia, Mo



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

DIRECTOR STATE PUBLIC HEALTH LABORATORY

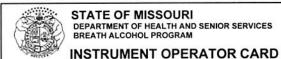
NUMBER 240204

EXPIRES 9/6/2026

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 ali in Microuri.

Operator HOLLIDAY, DAVID

Permit No 240204

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

