

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 3:17 pm, Jan 23, 2025

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Wester 2								
Complete this report in duplicate at Send copy to Department of Health						whenev	ver instrument is	repaired.
ILCO SENSOR IV SN NAME OF AGENCY 111736 Missouri State Highway Pa			ighway Pat	rol	DATE OF INSPECTION 01/09/2025			
LOCATION OF INSTRUMENT (STREET AND CITY) 6012 NE Antioch Road, Gladstone, MO 64119					TIME OF INSPECTION 10:15 pm			
CHECKLIST: Place a mark in the box		und to be satis	factory or if o	perating	within establish	ed limits.	. (Write in observe	ed values
where determined.) Unmarked items	must be corrected	d before using	instrument.					
☑ DIGITAL READOUT (ALL ELEM	IENTS OPERATIO	NAL)						
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)								
✓ PRINTER WORKING PROPERLY								
☑ TIME AND DATE DISPLAYING PROPERLY								
BREATH ALCOHOL ACCURACY S	TANDARDS							
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE								
☑ STANDARD SUPPLIER Guth L	aboratories	L	OT # <u>2339</u> 0)	EXP. DATE	10/17/2	2025	
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C)	34.00 SII	M. SN	MP2122	2 SIM. N	IIST EXF	P DATE 12/13/2	2025
Run three tests using a standard less. Check the box corresponding 0.100% STANDARD - MUS 0.080% STANDARD - MUS	ng to the standard T READ BETWEE T READ BETWEE	solution being EN 0.095% and EN 0.076% and	used. (PRII d 0.105% IN d 0.084% IN	NTOUT A CLUSIVE CLUSIVE	TTACHED)	nd must	have a spread o	of .005 or
TEST 1 .102	TEST 2 ■	.102			TEST 3 🕶 .10	2		
RFI DETECTOR OPERATING								
INDICATE THE NUMBER OF BREA (DO NOT INCLUDE SELF-ADMINIS		E FOLLOWIN	G RANGES	SINCE T	HE LAST MAIN	NTENAN	ICE REPORT:	
REFUSALS 0 (004)	0 (.0509) 0	(.1014)	0	(.1519)	0	(OVER .19)	0
List any new parts and describe any established limits (use other side if n		ification that v	vas made to	restore t	he instrument t	o operat	te satisfactorily a	nd within
INSPECTING OFFICER								
SIGNATURE					CPL. B. E. THOMAN #1256			
TYPE II PERMIT NUMBER/EXPIRATION DATE 240111 05/21/2026					TELEPHONE NUMBER (816) 622-0800			
Return completed report to the:	Breath Alcohol Prop		partment of I	Health an	d Senior Servic	es, Sout	heast District Off	ice

AS IV Serial no: 111736 Version no: 532B

TEST RECORD 00261

9/ Temp Date Time 210L

Air Blank: 01/06/25 22:15 .000 Calibration Check: 21 01/06/25 22:15 .102

Subject Name

MAINT 165T#1

Subject I.D.

Operator Name, I.D.

CR. DE THOMAN 24011

Location

CLAY (0.20-

AS IV Serial no: 111736 Version no: 532B

TEST RECORD 00262

Temp Date Time 210L

Air Blank:

01/06/25 22:16 .000

Calibration Check:

21 01/06/25 22:16 .102

Subject Name

MATM TEST # C Subject I. D.

Operator Name, I.D.

CR. B.E. THOTAN 24011)

Location

CLAY 10, 7, U-

AS IV Serial no: 111736 Version no: 532B

TEST RECORD 00263

200

Temp Date Time 210L

Air Blank:

01/06/25 22:18 .000

Calibration Check:

22 01/06/25 22:18 .102

Subject Name

MAINT TEST 43

Subject I.D.

Operator Name, I.D.

CR SC. THONAN 240111

Location

CLAT (O.Z.O.

AS IV Serial no: 111736 Version no: 532B

TEST RECORD 00264

Temp Date Time 210L

UOID: RFI

12 01/06/25 22:19

Subject Name

RFT TEST

Subject I.D.

Operator Name, I.D.

OR 54 HONA 24011

Location

CLAY CO. Z.D.



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

BRUCE E. THOMAN

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

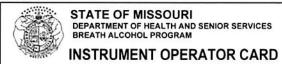
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE5/21/2024	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240111	Davla J. Nichelson
EXPIRES 5/21/2026	
	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 ai in Missouri.

Operator THOMAN, BRUCE

Permit No 240111

Date Issued 5/21/2024 Date Expires 5/21/2026

