

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

小部間	Control of the Contro						
	t in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. It is the time of the regular monthly preventative maintenance check, and whenever instrument is repaired.						
ALCO SENSOR IV SN 111749		NAME OF AGENCY Missouri State H	ighway Patrol	DATE OF 01/30/	INSPECTION 2025		
LOCATION OF INSTRUM Troop A Zone 8 O	ENT (STREET AND CITY) ffice, Odessa		тіме оғ 8:04 р	INSPECTION m			
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)							
✓ TEMPERATUR	OF ALCO SENSOR (10°C - 40°C)						
PRINTER WOF	KING PROPERLY						
☑ TIME AND DAT	E DISPLAYING PROPE	RLY					
BREATH ALCOHOL	ACCURACY STANDA	RDS					
SIMULATOR S							
☑ STANDARD SU	PPLIER GUTH LABORATORIES INC LOT # 23390 EXP. DATE 10/17/2025						
☑ SIMULATOR TE	MPERATURE (34°C ±	0.2°C)34.00 SI	M. SNMP232	7 SIM. NIST EX	P DATE 11/25/2025		
less. Check the ✓ 0.100% ST ☐ 0.080% ST	using a standard solutio box corresponding to the ANDARD - MUST REAL ANDARD - MUST REAL ANDARD - MUST REAL	e standard solution being DBETWEEN 0.095% and DBETWEEN 0.076% and	g used. (PRINTOUT / d 0.105% INCLUSIV d 0.084% INCLUSIV	ATTACHED) E E	t have a spread of .005 or		
TEST 1102		TEST 2 .101		TEST 3 🕶 .101			
☑ RFI DETECTOR	OPERATING						
	MBER OF BREATH TES SELF-ADMINISTERED		G RANGES SINCE	THE LAST MAINTENA	NCE REPORT:		
REFUSALS 0	(004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 0		
	and describe any alterat se other side if necessa		was made to restore	the instrument to opera	ate satisfactorily and within		
INSPECTING OFFI	CER						
SIGNATURE	12		Benjamin Owens				
, –	VIDITION SATE		TELEPHONE NUMBER				
Permit # 230048/	Expiration Date 03/27	7/2025		(816) 622-0800			
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: 111749 Version no: 532B TEST RECORD 00950 TEST RECORD 00950 TEST RECORD 00950 Temp Date Time 210L 12 01/30/25 20:12 Subject Name KfI Subject Name KfI Subject I.D. Col. Cherry 1.D. Col.	
AS IV Serial no: 111749 Version no: 5328 TEST RECORD 88949, Air Blank: Air Blank: B1/38/25 28:18 .888 Calibration Check: 21 81/38/25 28:18 .181 Subject Name Subject I.D. Or B. Wens 1.B. Subject I.D. Or B. Wens Subject I.D. Su	
AS IV Serial no: 111749 Version no: 532B TEST RECORD 00948 Serial no: 111749 Serial no: 532B TEST RECORD 00948 Serial Date Time 218L Air Blank: Air Blank: Air Blank: Air Blank: Subject Name Subject Name Subject I.D. Subject I.	
AS IV Serial no: 111749. Version no: 532B TEST RECORD 80947 TEST RECORD 80947 Air Blank: Air Blan	



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

BENJAMIN A. OWENS

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

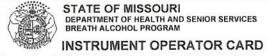
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

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DATE	3/27/2023	s 2 5	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230048	 9	Daves J. Nicholson
EXPIRES	3/27/2025	× ×	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 all in Missouri.

Operator OWENS, BENJAMIN

Permit No 230048

Date Issued 3/27/2023 Date Expires 3/27/2025

