



**RECEIVED**  
By Brian Lutmer at 1:40 pm, Mar 17, 2025

**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 111750	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/01/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 1503 East US-24, Moberly, MO		TIME OF INSPECTION 10:27 pm

**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 LOT # 24310 EXP. DATE 08/27/2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2499 SIM. NIST EXP DATE 04/25/2025

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  .102	TEST 2  .101	TEST 3  .101
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	0	(OVER .19)	0
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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).

Synchronized clock (+2 minutes)

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Keegan Kindle
TYPE // PERMIT NUMBER/EXPIRATION DATE 2400374/02/05/2026	TELEPHONE NUMBER (660) 385-2132

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



# 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.*

MAR 01 2025

AS IV Serial no: 111750  
Version no: 532B

TEST RECORD 00717

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

Air Blank:  
03/01/25 22:30 .000  
Calibration Check:  
23 03/01/25 22:30 .102

Subject Name

MAINTENANCE 1  
Subject I.D.

Operator Name, I.D.

K.E. KINDLE, 240037

Location

1503 E. US-24

MOBERLY, MO

AS IV Serial no: 111750  
Version no: 532B

TEST RECORD 00718

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

Air Blank:  
03/01/25 22:34 .000  
Calibration Check:  
24 03/01/25 22:34 .101

Subject Name

MAINTENANCE 2  
Subject I.D.

Operator Name, I.D.

K.E. KINDLE, 240037

Location

1503 E. US-24

MOBERLY, MO

AS IV Serial no: 111750  
Version no: 532B

TEST RECORD 00719

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

Air Blank:  
03/01/25 22:38 .000  
Calibration Check:  
24 03/01/25 22:38 .101

Subject Name

MAINTENANCE 3  
Subject I.D.

Operator Name, I.D.

K.E. KINDLE, 240037

Location

1503 E. US-24

MOBERLY, MO

AS IV Serial no: 111750  
Version no: 532B

TEST RECORD 00720

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

VOID: RFI  
12 03/01/25 22:41

Subject Name

RFI TEST  
Subject I.D.

Operator Name, I.D.

K.E. KINDLE, 240037

Location

1503 E. US-24

MOBERLY, MO



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



**PERMIT**  
**TYPE II**  
**KEEGAN E. KINDLE**

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 2/5/2024

NUMBER 240037

EXPIRES 2/5/2026

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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** KINDLE, KEEGAN  
**Permit No** 240037  
**Date Issued** 2/5/2024 **Date Expires** 2/5/2026

