



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
 01/29/2023 09:11:05 AM

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<br>105443  | NAME OF AGENCY<br>Raymore Police Department | DATE OF INSPECTION<br>01/29/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>100 Municipal Circle Raymore, Missouri 64083 |   | TIME OF INSPECTION<br>4:25 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.

|  |
|--|
| <input type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)          |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY                 |
| <input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY        |

**BREATH ALCOHOL ACCURACY STANDARDS**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION                               | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE    |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories, Inc.</u> | LOT # <u>22310</u> EXP. DATE <u>08/11/2024</u>             |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> | SIM. SN <u>SD2256</u> SIM. NIST EXP DATE <u>09/08/2023</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)

|   |
|---|
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE            |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE            |

|                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| TEST 1 $\bullet$ .101 | TEST 2 $\bullet$ .100 | TEST 3 $\bullet$ .100 |
|-----------------------|-----------------------|-----------------------|

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) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br><i>Joshua Giaccone # A05</i>                  | PRINT NAME<br>Joshua Giaccone      |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>220105 03/29/2024 | TELEPHONE NUMBER<br>(816) 331-0530 |

**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: 105443  
Version no: 532B

TEST RECORD 01294

Temp Date Time 210L  
s/

Air Blank:  
01/29/23 04:25 .000  
Calibration Check:  
20 01/29/23 04:25 .101

Subject Name

Maintenance

Subject I.D.

J. Liacore #105/220105

Operator Name, I.D.

Ratmore P.D.

Location

AS IV Serial no: 105443  
Version no: 532B

TEST RECORD 01295

Temp Date Time 210L  
s/

Air Blank:  
01/29/23 04:27 .000  
Calibration Check:  
21 01/29/23 04:27 .100

Subject Name

Maintenance

Subject I.D.

J. Liacore #105/220105

Operator Name, I.D.

Ratmore P.D.

Location

AS IV Serial no: 105443  
Version no: 532B

TEST RECORD 01296

Temp Date Time 210L  
s/

Air Blank:  
01/29/23 04:28 .000  
Calibration Check:  
21 01/29/23 04:28 .100

Subject Name

Maintenance

Subject I.D.

J. Liacore #105/220105

Operator Name, I.D.

Ratmore P.D.

Location

AS IV Serial no: 105443  
Version no: 532B

TEST RECORD 01297

Temp Date Time 210L  
s/

VOID: RFI  
12 01/29/23 04:30

Subject Name

Maintenance

Subject I.D.

J. Liacore #105/220105

Operator Name, I.D.

Ratmore P.D.

Location



## 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 **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 2024** 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 FN03052002 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.*



# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: SD2256      Manufacturer: Guth  
 Model Number: 10-4D  
 Agency: RAYMORE PD  
 Agency Address: 100 MUNICIPAL CIRCLE, RAYMORE, MO 64083

## NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 11/6/2020      Date of Expiration: 11/6/2021

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 34.00                    | 33.97               | .06                         |

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 9/15/2021  
 Certification Expiration: 9/15/2022  
 Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER  
 Certification No: SD2256\_9152021



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



**PERMIT**  
**TYPE II**  
**JOSHUA B. GIACONE**

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 EC/IR II**

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 3/29/2022

*Laura Q. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220105

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 3/29/2024

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 GIACONE, JOSHUA  
 Permit No 220105  
 Date Issued 3/29/2022 Date Expires 3/29/2024

