



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

RECEIVED
 by 7/10/2025 11:53 am, Doc #

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 105443	NAME OF AGENCY Raymore Police	DATE OF INSPECTION 12/04/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Circle, Raymore		TIME OF INSPECTION 0407

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) **24°C**

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER **Guth Laboratories, Inc.** LOT # **23180** EXP. DATE **05/17/2025**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0** SIM. SN **SD2256** SIM. NIST EXP DATE **10/05/2024**

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 = 0.101	TEST 2 = 0.100	TEST 3 = 0.100
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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) 0	(.15-.19) 0	(OVER .19) 1
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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).

Adjusted time for Day Light Savings

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Thomas Williams
TYPE II PERMIT NUMBER/EXPIRATION DATE 230064 - 04/02/2025	TELEPHONE NUMBER (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 01387

Temp Date Time ^{g/} 210L

Air Blank:
12/04/23 04:07 .000
Calibration Check:
24 12/04/23 04:07 .101

Subject Name

Maint. 1

Subject I.D.

230064

Operator Name, I.D.

Thomas Williams

Location

Raymore PD

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 01388

Temp Date Time ^{g/} 210L

Air Blank:
12/04/23 04:10 .000
Calibration Check:
25 12/04/23 04:10 .100

Subject Name

Maint 2

Subject I.D.

230064

Operator Name, I.D.

Thomas Williams

Location

Raymore PD

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 01389

Temp Date Time ^{g/} 210L

Air Blank:
12/04/23 04:13 .000
Calibration Check:
25 12/04/23 04:13 .100

Subject Name

Maint. 3

Subject I.D.

230064

Operator Name, I.D.

Thomas Williams

Location

Raymore PD

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 01390

Temp Date Time ^{g/} 210L

VOID: RFI
12 12/04/23 04:15

Subject Name

Maint RFI

Subject I.D.

230064

Operator Name, I.D.

Thomas Williams

Location

Raymore PD



Paula Nickelson
Acting Director

Michael L. Parson
Governor

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: 10/24/2022 Date of Expiration: 10/24/2023

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (34.00), NIST Average (33.98), Combined Uncertainty (.04)

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 10/5/2023
Certification Expiration: 10/5/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: SD2256_1052023

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



Paula Nickelson
Acting Director

Michael L. Parson
Governor

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Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: SD2256_1052023

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



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

2

PERMIT
TYPE II
THOMAS WILLIAMS

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 4/2/2023

NUMBER 230064

EXPIRES 4/2/2025

Mike Masoma

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

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 WILLIAMS, THOMAS
Permit No 230064
Date Issued 4/2/2023 **Date Expires** 4/2/2025

