



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**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<br><b>107979</b>   | NAME OF AGENCY<br><b>MSHP</b> | DATE OF INSPECTION<br><b>10/01/2023</b> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><b>1661 HILLTOP DR, WARSAW, MO 65355</b> |                               | TIME OF INSPECTION<br><b>5:05 pm</b>    |

**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 LABORATORIES LOT # 22430 EXP. DATE 11/30/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2203 SIM. NIST EXP DATE 12/06/2023

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 → <b>0.100</b> | TEST 2 → <b>0.099</b> | TEST 3 → <b>0.098</b> |
|-----------------------|-----------------------|-----------------------|

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).

**INSPECTING OFFICER**

|   |  |
|---|--|
| SIGNATURE<br><i>Trooper R. W. Rosenthal</i>                         | PRINT NAME<br><b>TROOPER RANDALL W ROSENTHAL</b> |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><b>220284 / 12/21/2024</b> | TELEPHONE NUMBER<br><b>(816) 622-0800</b>        |

**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: 107979  
Version no: 532B

TEST RECORD 00738

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

Air Blank:  
10/01/23 17:09 .000  
Calibration Check:  
27 10/01/23 17:09 .100

Subject Name

Maint Check 1

Subject I.D.

Operator Name I.D.

Tpr. R.W. Rosenthal

Location

1661 Hilltop Dr  
Warsaw, MO

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00739

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

Air Blank:  
10/01/23 17:11 .000  
Calibration Check:  
27 10/01/23 17:11 .099

Subject Name

Maint Check 2

Subject I.D.

Operator Name I.D.

Tpr. R.W. Rosenthal

Location

1661 Hilltop Dr  
Warsaw, MO

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00740

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

Air Blank:  
10/01/23 17:12 .000  
Calibration Check:  
28 10/01/23 17:12 .098

Subject Name

Maint Check 3

Subject I.D.

Operator Name I.D.

Tpr. R.W. Rosenthal

Location

1661 Hilltop Dr  
Warsaw, MO

AS IV Serial no: 107979  
Version no: 532B

TEST RECORD 00741

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

VOID: RFI  
12 10/01/23 17:14

Subject Name

RFI Check

Subject I.D.

Operator Name I.D.

Tpr. R.W. Rosenthal

Location

1661 Hilltop Dr  
Warsaw, MO



## 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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 2024** 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 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.*



**Paula Nickelson**  
 Acting Director

**Michael L. Parson**  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP2203      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** MSHP (GHQ)  
**Agency Address:** 1510 E ELM ST, JEFFERSON CITY, MO 65101

## 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

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 33.98                    | 34.00               | .04                         |

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 12/6/2022  
**Certification Expiration:** 12/6/2023  
**Simulator testing technician:** R. SCHILDKNECHT

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO  
**Certification No:** MP2203\_1262022

**X** *Brianna Medrano*

DHSS BAP Scientist Approving



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

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**PERMIT**  
**TYPE II**  
**RANDALL ROSENTHAL**

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 12/21/2022

NUMBER 220284

EXPIRES 12/21/2024

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

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 ROSENTHAL, RANDALL  
 Permit No 220284  
 Date Issued 12/21/2022 Date Expires 12/21/2024

