



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

**RECEIVED**  
 By Tracy Crews at 7:35 am, Sep 06, 2023

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 107982	NAME OF AGENCY MSHP	DATE OF INSPECTION 08/31/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1702 E. Laharpe Street, Kirksville, MO 63501		TIME OF INSPECTION 2:26 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 Laboratories, Inc.      LOT # 22430      EXP. DATE 11/30/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99      SIM. SN MP2519      SIM. NIST EXP DATE 05/02/2024

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 ➡ 0.100	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)	10	(.05-.09)	1	(.10-.14)	0	(.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).

10 self-tests by Tpr C. J. Snyder for Type III permit application

<b>INSPECTING OFFICER</b>		PRINT NAME
SIGNATURE		MSgt G. L. Gaines, #801
TYPE II PERMIT NUMBER/EXPIRATION DATE		TELEPHONE NUMBER
220040 02/10/2024		(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.

AUG 31 2023

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00876  
Temp Date Time 210L

Air Blank: 08/31/23 14:26 .000  
Calibration Check: 21 08/31/23 14:26 .100

Subject Name  
TEST #1  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #270000  
Location  
1907 E. LAMARKE ST.,  
LOUISVILLE, MO

Signature

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00877  
Temp Date Time 210L

Air Blank: 08/31/23 14:28 .000  
Calibration Check: 22 08/31/23 14:28 .100

Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #270000  
Location  
1907 E. LAMARKE ST.,  
LOUISVILLE, MO

Signature

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00878  
Temp Date Time 210L

Air Blank: 08/31/23 14:30 .000  
Calibration Check: 24 08/31/23 14:30 .100

Subject Name  
TEST #3  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #270000  
Location  
1907 E. LAMARKE ST.,  
LOUISVILLE, MO

Signature

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00879  
Temp Date Time 210L

VOID: RFI  
12 08/31/23 14:31

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #270000  
Location  
1907 E. LAMARKE ST.,  
LOUISVILLE, MO

Signature



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • 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:** MP2519      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** MSHP (GHQ)  
**Agency Address:** 1510 E ELM ST, JEFFERSON CITY, MO 65101

## NIST THERMOMETER INFORMATION

**Serial Number:** 307715      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 10/19/2022      **Date of Expiration:** 10/19/2023

## 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>
33.99	34.02	.06

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 5/2/2023  
**Certification Expiration:** 5/2/2024  
**Simulator testing technician:** J. CLEVELAND

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO  
**Certification No:** MP2519\_522023

**X**

DHSS BAP Scientist Approving



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

2

**PERMIT**  
**TYPE II**  
**GRAYDON L. GAINES**

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 2/10/2022

NUMBER 220040

EXPIRES 2/10/2024

*Lawrence D. Day*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Graydon L. Gaines*

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

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 GAINES, GRAYDON  
 Permit No 220040  
 Date issued 2/10/2022 Date Expires 2/10/2024

