



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 107982	NAME OF AGENCY MSHP	DATE OF INSPECTION 12/05/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1702 E. Laharpe Street, Kirksville, MO 63501		TIME OF INSPECTION 8:26 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 # 23180 EXP. DATE 05/17/2025

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 ← 0.098

TEST 2 ← 0.098

TEST 3 ← 0.098

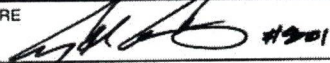
RFI DETECTOR OPERATING

**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)	3	(.15-.19)	1	(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).

**INSPECTING OFFICER**

SIGNATURE  
 #801

PRINT NAME  
MSgt G. L. Gaines, #801

TYPE II PERMIT NUMBER/EXPIRATION DATE  
220040 02/10/2024

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.

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00899 <sup>g/</sup>  
Temp Date Time 210L

Air Blank:  
12/05/23 20:26 .000  
Calibration Check:  
22 12/05/23 20:26 .098

Subject Name  
TEST #1  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #2200410  
Location

1907 E. LAHARRE ST.,  
KANSASVILLE, MO

AGG #1001

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00900 <sup>g/</sup>  
Temp Date Time 210L

Air Blank:  
12/05/23 20:28 .000  
Calibration Check:  
24 12/05/23 20:28 .098

Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #2200410  
Location

1907 E. LAHARRE ST.,  
KANSASVILLE, MO

AGG #1001

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00901 <sup>g/</sup>  
Temp Date Time 210L

Air Blank:  
12/05/23 20:30 .000  
Calibration Check:  
25 12/05/23 20:30 .098

Subject Name  
TEST #3  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #2200410  
Location

1907 E. LAHARRE ST.,  
KANSASVILLE, MO

AGG #1001

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 00902 <sup>g/</sup>  
Temp Date Time 210L

VOID: RFI  
12 12/05/23 20:30

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #2200410  
Location

1907 E. LAHARRE ST.,  
KANSASVILLE, MO

AGG #1001



# GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23180 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1220% (w/vol) ethyl alcohol. The expiration date for this lot number is May 17, 2025 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 FN1172002 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

Table with 3 columns: Simulator Average (33.99), NIST Average (34.02), Combined Uncertainty (.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 [Signature]

DHSS BAP Scientist Approving



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

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**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

MO 580-0771 (6-10)

*Laura V. Day*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Graydon L. Gaines*, acting director  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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**

