



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 7:57 am, Feb 21, 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 108270	NAME OF AGENCY Holden Police Department	DATE OF INSPECTION 02/18/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W. 3rd Street, Holden		TIME OF INSPECTION 6:07 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 LOT # 22080 EXP. DATE 03/07/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP3572 SIM. NIST EXP DATE 11/29/2023
- 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 .103	TEST 2 .104	TEST 3 .104
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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	1	(0-.04)	0	(.05-.09)	0	(.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).

Printer ink cartridge replaced. Instrument working correctly within Dept. of Health Standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Karl Van Vickle
TYPE II PERMIT NUMBER/EXPIRATION DATE 220152 / 05-25-2024	TELEPHONE NUMBER (816) 850-4154

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: 108270
Version no: 532B

TEST RECORD 00808

Temp Date Time ^{s/} 210L

Air Blank:
02/18/23 18:15 .000
Calibration Check:
21 02/18/23 18:15 .000
Monthly Maint

Subject Name
Blank Standard
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

110 W. 3rd ST
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00805

Temp Date Time ^{s/} 210L

Air Blank:
02/18/23 18:10 .000
Calibration Check:
20 02/18/23 18:10 .103
Monthly Maint

Subject Name
TEST #1
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

110 W. 3rd ST
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00807

Temp Date Time ^{s/} 210L

Air Blank:
02/18/23 18:14 .000
Calibration Check:
21 02/18/23 18:14 .104
Monthly Maint

Subject Name
TEST #3
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

110 W. 3rd ST.
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00804

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/18/23 18:00
Monthly Maint

Subject Name
RFI Check
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

110 W. 3rd ST.
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00806

Temp Date Time ^{s/} 210L

Air Blank:
02/18/23 18:12 .000
Calibration Check:
20 02/18/23 18:12 .104
Monthly Maint

Subject Name
TEST #2
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

110 W. 3rd ST
Location

Holden, MO 64040

Holden PD



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3572 **Manufacturer:** Guth
Model Number: 12V500
Agency: HOLDEN PD
Agency Address: 110 W 3RD ST., HOLDEN, MO 64040

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>
34.00	34.00	.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 11/29/2022
Certification Expiration: 11/29/2023
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP3572_11292022

X *Brianna Medrano*

DHSS BAP Scientist Approving



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 **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 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.



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



**PERMIT
TYPE II**

KARL E. VANVICKLE

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

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 5/25/2022

NUMBER 220152

EXPIRES 5/25/2024

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula F. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)



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 VANVICKLE, KARL
Permit No 220152
Date Issued 5/25/2022 Date Expires 5/25/2024

