



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

RECEIVED  
 BY: [Name] DATE: 03/08/2023

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 111328	NAME OF AGENCY Knob Noster PD	DATE OF INSPECTION 03/08/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 201 N. State Street, Knob Noster		TIME OF INSPECTION 9:38 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 # 22310 EXP. DATE 08/11/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2231 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  .100	TEST 2  .099	TEST 3  .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).

Instrument working correctly within Dept. of Health Standards.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Lt. Karl Van Vickle
TYPE II PERMIT NUMBER/EXPIRATION DATE 220152 / 05-25-2024	TELEPHONE NUMBER (660) 563-2233

**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: 111328  
Version no: 532B

TEST RECORD 00733

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
03/08/23 21:08 .000

Calibration Check:  
20 03/08/23 21:08 .000

Monthly Maint  
Subject Name

Blank Standard  
Subject I.D.

L.K. VanVickle 220152  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00734

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 03/08/23 21:09

Monthly Maint  
Subject Name

RFI Check  
Subject I.D.

L.K. VanVickle 220152  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00735

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
03/08/23 21:11 .000

Calibration Check:  
21 03/08/23 21:11 .100

Monthly Maint  
Subject Name

Test # 1  
Subject I.D.

L.K. VanVickle 220152  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00736

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
03/08/23 21:12 .000

Calibration Check:  
22 03/08/23 21:12 .099

Monthly Maint  
Subject Name

Test # 2  
Subject I.D.

L.K. VanVickle 220152  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00737

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
03/08/23 21:14 .000

Calibration Check:  
22 03/08/23 21:14 .100

Monthly Maint  
Subject Name

Test # 3  
Subject I.D.

L.K. VanVickle 220152  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster, MO 65336

Knob Noster PD



## 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 **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 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.*



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2231 Manufacturer: Guth
Model Number: 10-4D
Agency: KNOB NOSTER PD
Agency Address: 201 N STATE, KNOB NOSTER, MO 65336

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 (34.00), Combined Uncertainty (.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: SD2231\_11292022

X

Handwritten signature of Brianna Medrano

COPY

DHSS BAP Scientist Approving



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

2

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

*Mike Masman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220152

*Douglas J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/25/2024

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



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