



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 111756	NAME OF AGENCY Grain Valley Police Department	DATE OF INSPECTION 11/02/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 711 N. Main, Grain Valley		TIME OF INSPECTION 0515 hours

**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 LOT # 22310 EXP. DATE 08/11/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD1434 SIM. NIST EXP DATE 09/28/2024
- 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  .102	TEST 2  .101	TEST 3  .101
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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	PRINT NAME SHANNON L. CARR
TYPE II PERMIT NUMBER/EXPIRATION DATE 220219 / EXP 09/09/2024	TELEPHONE NUMBER (816) 847-6250

**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: 111756  
Version no: 532B

TEST RECORD 00254

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

Air Blank:  
11/02/23 05:15 .000  
Calibration Check:  
17 11/02/23 05:15 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO 64029

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00256

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

Air Blank:  
11/02/23 05:18 .000  
Calibration Check:  
18 11/02/23 05:18 .102

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO 64029

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00255

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

Air Blank:  
11/02/23 05:17 .000  
Calibration Check:  
18 11/02/23 05:17 .101

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO 64029

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00257

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

VOID: RFI  
12 11/02/23 05:20

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO 64029



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD1434 Manufacturer: Guth
Model Number: 10-4D
Agency: GRAIN VALLEY PD
Agency Address: 711 MAIN ST, GRAIN VALLEY, MO 64029

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: 9/28/2023
Certification Expiration: 9/28/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: SD1434\_9282023

X Brianna Medrano (signature)

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 **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°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 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

2

PERMIT  
 TYPE II

SHANNON L. CARR

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, INTOXILYZER 8000**

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 9/9/2022

NUMBER 220219

EXPIRES 9/9/2024

MO 580-0771 (6-10)

*Laura Q. Way*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

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 CARR, SHANNON

Permit No 220219

Date Issued 9/9/2022 Date Expires 9/9/2024

