



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 01/01/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 1702 E. Laharpe Street, Kirksville, MO 63501	TIME OF INSPECTION 10:21 am
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories, Inc.</u>	LOT # <u>23180</u> EXP. DATE <u>05/17/2025</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u>	SIM. SN <u>MP2519</u> SIM. NIST EXP DATE <u>05/02/2024</u>

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 ➡ 0.099	TEST 2 ➡ 0.099	TEST 3 ➡ 0.099
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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)	2	(.10-.14)	1	(.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).

INSPECTING OFFICER		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.



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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 FN11172002 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.

AS IV Serial no: 107982
Version no: 532B

TEST RECORD 00906

Temp Date Time 210L

Air Blank:

01/01/24 10:21 .000

Calibration Check:

18 01/01/24 10:21 .099

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

MICHAEL G. L. GARNES #220040

Location

1900 E. LAHWORE ST.

LAKEVILLE, MO

[Signature] #201

AS IV Serial no: 107982
Version no: 532B

TEST RECORD 00907

Temp Date Time 210L

Air Blank:

01/01/24 10:23 .000

Calibration Check:

19 01/01/24 10:23 .099

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

MICHAEL G. L. GARNES #220040

Location

1907 E. LAHWORE ST.

LAKEVILLE, MO

[Signature] #201

AS IV Serial no: 107982
Version no: 532B

TEST RECORD 00908

Temp Date Time 210L

Air Blank:

01/01/24 10:25 .000

Calibration Check:

20 01/01/24 10:25 .099

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

MICHAEL G. L. GARNES #220040

Location

1907 E. LAHWORE ST.

LAKEVILLE, MO

[Signature] #201

AS IV Serial no: 107982
Version no: 532B

TEST RECORD 00909

Temp Date Time 210L

VOID: RFI

12 01/01/24 10:27

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

MICHAEL G. L. GARNES #220040

Location

1902 E. LAHWORE ST.

LAKEVILLE, MO

[Signature] #201



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

Laura W. Noy

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

