



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

RECEIVED
 By Tracy Crews at 7:45 am, Jan 22, 2024

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 01/19/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 201 N. State Street Knob Noster	TIME OF INSPECTION 4:32 pm
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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</u>	LOT # <u>22430</u> EXP. DATE <u>11/30/2024</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD2231</u> SIM. NIST EXP DATE <u>11/16/2024</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 .101	TEST 2 .102	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	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).
 Battery replaced on instrument. Time adjusted.
 Instrument working correctly within Dept. of Health Standards.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Karl Van Vickle
TYPE II PERMIT NUMBER/EXPIRATION DATE 220152 / 0525-2024	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 00794

Temp Date Time 210L

Air Blank:
01/19/24 16:32 .000
Calibration Check:
20 01/19/24 16:32 .000
Monthly Maint
Subject Name

Blank Standard
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

201 N. State St.
Location

Knob Noster MO 65356

Knob Noster TN

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00795

Temp Date Time 210L

Air Blank:
01/19/24 16:34 .000
Calibration Check:
21 01/19/24 16:34 .101
Monthly Maint
Subject Name

TEST #1
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

201 N. State St.
Location

Knob Noster MO 65356

Knob Noster TN

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00796

Temp Date Time 210L

Air Blank:
01/19/24 16:35 .000
Calibration Check:
21 01/19/24 16:35 .102
Monthly Maint
Subject Name

TEST #2
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

201 N. State St.
Location

Knob Noster MO 65356

Knob Noster TN

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00797

Temp Date Time 210L

Air Blank:
01/19/24 16:37 .000
Calibration Check:
22 01/19/24 16:37 .101
Monthly Maint
Subject Name

TEST #3
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

201 N. State St.
Location

Knob Noster MO 65356

Knob Noster TN

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00798

Temp Date Time 210L

VOID: RFI
12 01/19/24 16:38
Monthly Maint
Subject Name

RFI Check
Subject I.D.

K. VanVickle 220152
Operator Name, I.D.

201 N. State St.
Location

Knob Noster MO 65356

Knob Noster TN



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 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 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.

COPY



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: 17KMM00689 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 1/23/2023 Date of Expiration: 1/23/2024

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	33.99	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 11/16/2023
 Certification Expiration: 11/16/2024
 Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: SD2231_11162023

X

Brianna Medrano

DHSS BAP Scientist Approving

COP



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

2

PERMIT
 TYPE II

KARL E. VANVICKLE

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
 308.020 through 308.047, RSMo and 308.111 through 308.119 RSMo.

EXPIRES 5/25/2022
 PERMIT NO. 220152
 ISSUED 5/25/2024

Mike Magnum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Richards

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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**



COPY