

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 01/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 711 N. Main, Grain Valley		TIME OF INSPECTION

**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 09/28/2023☒ 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 ➡ .103

☒ 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)

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 00287

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

Air Blank:

01/03/24 14:27 .000

Calibration Check:

19 01/03/24 14:27 .103

Subject Name

~~Test 1~~ Test 1

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00288

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

Air Blank:

01/03/24 14:29 .000

Calibration Check:

19 01/03/24 14:29 .104

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00289

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

Air Blank:

01/03/24 14:30 .000

Calibration Check:

19 01/03/24 14:30 .103

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00290

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

VOID: RFI

12 01/03/24 14:32

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

Shannon Carr 220219

Location

711 N. Main

Grain Valley, MO



## 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: 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

<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: 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

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP

Revision Date: 06/25/2022

Breath Alcohol Program

1903 Northwood Drive, Suite 4

Poplar Bluff, MO 63901

DHSS BAP Document 3.6A

Revision 2

Page 1 of 1





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

*Laura G. Wray*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Donald A. Kamm*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 CARR, SHANNON

Permit No 220219

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

