



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

**RECEIVED**  
 By Tracy Crews at 7:20 am, Apr 12, 2024

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

|  |   |                                      |
|--|---|--------------------------------------|
| ALCO SENSOR IV SN<br><u>119571</u>   | NAME OF AGENCY<br>DOI-National Park Service | DATE OF INSPECTION<br><u>4/11/24</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Akers Ranger Station-Intersection of Highways K and KK |   | TIME OF INSPECTION<br><u>1510</u>    |

**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 # 23180 EXP. DATE 05/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP7615 SIM. NIST EXP DATE 10/18/2024
- 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 • <u>.099</u> | TEST 2 • <u>.100</u> | TEST 3 • <u>.099</u> |
|----------------------|----------------------|----------------------|

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).

|  |                                    |
|--|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br><u>Zach Swindle</u>                           | PRINT NAME<br>Zachary Swindle      |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230181 08/17/2025 | TELEPHONE NUMBER<br>(573) 351-9645 |

**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: 119571  
Version no: 532C  
TEST RECORD 00115 g/  
Temp Date Time 210L  
VOID: RF  
12 04/11/24 15:14  
Subject Name  
*Zack Swidke*  
Subject I.D.  
*230181 8/17/25*  
Operator Name, I.D.  
*AKERS RANGER STATION*  
Location  
*HWY K + KR*  
*INTERSECTION*

AS IV Serial no: 119571  
Version no: 532C  
TEST RECORD 00114 g/  
Temp Date Time 210L  
Air Blank:  
04/11/24 15:13 .000  
Calibration Check:  
20 04/11/24 15:13 .099  
Subject Name  
*Zack Swidke*  
Subject I.D.  
*230181 8/17/25*  
Operator Name, I.D.  
*AKERS RANGER STATION*  
Location  
*HWY K + KR*  
*INTERSECTION*

AS IV Serial no: 119571  
Version no: 532C  
TEST RECORD 00113 g/  
Temp Date Time 210L  
Air Blank:  
04/11/24 15:11 .000  
Calibration Check:  
20 04/11/24 15:11 .100  
Subject Name  
*Zack Swidke*  
Subject I.D.  
*230181 8/17/25*  
Operator Name, I.D.  
*AKERS RANGER STATION*  
Location  
*HWY K + KR*  
*INTERSECTION*

AS IV Serial no: 119571  
Version no: 532C  
TEST RECORD 00112 g/  
Temp Date Time 210L  
Air Blank:  
04/11/24 15:10 .000  
Calibration Check:  
20 04/11/24 15:10 .099  
Subject Name  
*Zack Swidke*  
Subject I.D.  
*230181 8/17/25*  
Operator Name, I.D.  
*AKERS RANGER STATION*  
Location  
*HWY K + KR*  
*INTERSECTION*



## 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°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 **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.



**Paula Nickelson**  
 Acting Director

**Michael L. Parson**  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP7615      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** NATIONAL PARK SERVICE  
**Agency Address:** 404 WATERCROSS, VAN BUREN, MO 63965

## NIST THERMOMETER INFORMATION

**Serial Number:** 19BMM01308      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 4/20/2023      **Date of Expiration:** 4/20/2024

## 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                    | 34.00               | .02                         |

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 10/18/2023  
**Certification Expiration:** 10/18/2024  
**Simulator testing technician:** B. LUTMER

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** B. LUTMER  
**Certification No:** MP7615\_10182023

**X** *Brian Lutmer*

DHSS BAP Scientist Approving



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

2

**PERMIT**  
**TYPE II**  
**ZACHARY SWINDLE**

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 8/17/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230181

*Paula J. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/17/2025

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** SWINDLE, ZACHARY  
**Permit No** 230181  
**Date Issued** 8/17/2023    **Date Expires** 8/17/2025

