

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

Complete this report in duplicate at Send copy to Department of Health			iteriance citedit, and wit	rews at 7:20 am, Apr 12, 2024	
ALCO SENSOR IV SN	NAME OF AGE	NAME OF AGENCY DOI-National Park Service		E OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) Akers Ranger Station-Intersection of Highways K and KK 7457					
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)					
☑ TIME AND DATE DISPLAYING	PROPERLY				
BREATH ALCOHOL ACCURACY S	TANDARDS				
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER Guth L	aboratories	LOT # 23180	EXP. DATE 05/	17/2025	
SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIM. SN MP	7615 SIM. NIST	EXP DATE 10/18/2024	
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 • , 10Z	TEST 2	102	TEST 3 - /C) /	
RFI DETECTOR OPERATING		s			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS (004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and describe any established limits (use other side if r		on that was made to res	tore the instrument to o	perate satisfactorily and within	
INSPECTING OFFICER					
SIGNATURE Lock Sale			Zachary Swindle		
TYPE II PERMIT NUMBER/EXPIRATION DATE 230181 08/17/2025		TELEPHONE NUMBER (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: 120502 Version no: 532C Version no: 532C TEST RECORD 00038 TEST RECORD 00038 Temp Date Time 210L 12 04/11/24 15:01 12 04/11/24 15:01 Subject Name Subject Name Subject I.D. Operator Name. I.D.	
AS IV Serial no: 120502 Version no: 532C Version no: 532C TEST RECORD 00037 TEST RECORD 00037 Temp Date Time 2101 AIr Blank: 4 15:00 .000 AIr Blank: 24 15:00 .000 AIr Blank: 4 15:00 .000 AIr Subject Name Cooling KANGGL SANTON AIR AIR KOLKK AIR KOLKK AIR KOLKK AIR KOLKK AIR KOLKK	
AS IV Serial no: 120502 Version no: 532C TEST RECORD 00036 Temp Date Time 210L Air Blank: 04/11/24 14:59 .000 Calibration Check: 20 04/11/24 14:59 .102 Subject Name Z30/8/ 8/17/25 Operator Name, I.D. Aprils Rancel Sandan Location Hwy R & KK	
AS IV Serial no: 120502. Version no: 532C TEST RECURD 00035 Temp Date Time 2101. Air Blank: 04/11/24 14:57 .000 Calibration Check: 19 04/11/24 14:57 .102 Subject Name ZZUSI SINGER SINDEN AKERS RANGER STADEN Location HW7 K - KK	INTERECOUN



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.



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: 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

Simulator Average

NIST Average

Combined Uncertainty .02

34.00

34.00 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

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

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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.	m 1 1 1 1 1 1 1 1 1 1
DATE8/17/2023	Mike Masson
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230181	Davla J. Nichelson
EXPIRES 8/17/2025	Toula S. I tabelson

MO 580-0771 (G-10)

LAB-4 (R6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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

17/2023 Date Expires 8/17/2025

