



**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 111328	NAME OF AGENCY Knob Noster PD	DATE OF INSPECTION 10/01/2021
-----------------------------	----------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 201 N. State Street, Knob Noster	TIME OF INSPECTION 1:18 am
------------------------------------------------------------------------------	-------------------------------

**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>21080</u>	EXP. DATE <u>03/08/2023</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>01/26/2022</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 <input type="checkbox"/> .099	TEST 2 <input type="checkbox"/> .099	TEST 3 <input type="checkbox"/> .098
--------------------------------------	--------------------------------------	--------------------------------------

- 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)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Time adjusted.  
Instrument working correctly within Dept. of Health Standards.

**INSPECTING OFFICER**

SIGNATURE <i>Karl Van Vickle #405</i>	PRINT NAME Lt. Karl Van Vickle
TYPE II PERMIT NUMBER/EXPIRATION DATE 200181 / 05-20-2022	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 00602

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

Air Blank:  
10/01/21 01:18 .000  
Calibration Check:  
21 10/01/21 01:18 .000  
Monthly Maint  
Subject Name

Blank Standard  
Subject I.D.

Lt. K. VanVickle 200181  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00603

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

VOID: RFI  
12 10/01/21 01:29  
Monthly Maint  
Subject Name

RFI check  
Subject I.D.

Lt. K. VanVickle 200181  
Operator Name, I.D.

201 N. State St  
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00604

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

Air Blank:  
10/01/21 01:31 .000  
Calibration Check:  
22 10/01/21 01:31 .099  
Monthly Maint  
Subject Name

Test #1  
Subject I.D.

Lt. K. VanVickle 200181  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00605

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

Air Blank:  
10/01/21 01:32 .000  
Calibration Check:  
22 10/01/21 01:32 .099  
Monthly Maint  
Subject Name

Test #2  
Subject I.D.

Lt. K. VanVickle 200181  
Operator Name, I.D.

201 N. State St  
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00606

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

Air Blank:  
10/01/21 01:34 .000  
Calibration Check:  
23 10/01/21 01:34 .098  
Monthly Maint  
Subject Name

Test #3  
Subject I.D.

Lt. K. VanVickle 200181  
Operator Name, I.D.

201 N. State St.  
Location

Knob Noster, MO 65336

Knob Noster PD



# 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:                            17KMM00690      Bias:                            0.00  
 Uncertainty:                                0.02  
 Date of Certification:                    11/6/2020      Date of Expiration:            11/6/2021

## 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:                            1/26/2021  
 Certification Expiration:                1/26/2022  
 Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:      B. LUTMER  
 Certification No:                            SD2231\_1262021

X

DHSS BAP Scientist Approving



**GUTH LABORATORIES, INC.**

590 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 10, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 8, 2023 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



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

2

PERMIT  
 TYPE II

KARL E VANVICKLE

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

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 5/20/2020  
 NUMBER 200181  
 EXPIRES 5/20/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 VANVICKLE, KARL  
 Permit No 200181  
 Date Issued 5/20/2020 Date Expires 5/20/2022

COPY