



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 7:33 am, Sep 06, 2022

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 105446	NAME OF AGENCY Lone Jack	DATE OF INSPECTION 06/02/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum Rd, Lone Jack	TIME OF INSPECTION 10:04 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, INC</u>	LOT # <u>20420</u> EXP. DATE <u>09/22/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP6535</u> SIM. NIST EXP DATE <u>02/01/2023</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  .098	TEST 2  .097	TEST 3  .097
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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	0	(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).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Virginia DeBoard
TYPE II PERMIT NUMBER/EXPIRATION DATE 210030 2/23/2023	TELEPHONE NUMBER (816) 697-2417

**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: 105446  
Version no: 532B

TEST RECORD 00948

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

Air Blank:  
06/02/22 22:07 .000  
Calibration Check:  
27 06/02/22 22:07 .097

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack

AS IV Serial no: 105446  
Version no: 532B

TEST RECORD 00946

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

Air Blank:  
06/02/22 22:04 .000  
Calibration Check:  
25 06/02/22 22:04 .098

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack

AS IV Serial no: 105446  
Version no: 532B

TEST RECORD 00949

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

VOID: RFI  
12 06/02/22 22:00

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack

AS IV Serial no: 105446  
Version no: 532B

TEST RECORD 00947

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

Air Blank:  
06/02/22 22:05 .000  
Calibration Check:  
26 06/02/22 22:05 .097

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack



**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

**Richard W. Moore**  
 Acting Director



**Michael L. Parson**  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP6535      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** LONE JACK PD  
**Agency Address:** 401 N BYNUM RD, LONE JACK, MO 64070

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.01  
**Uncertainty:** 0.02  
**Date of Certification:** 11/10/2021      **Date of Expiration:** 11/10/2022

## 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	34.01	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 2/1/2022  
**Certification Expiration:** 2/1/2023  
**Simulator testing technician:** D. DEBOARD

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO  
**Certification No:** MP6535\_212022

X *Brianna Medrano*

DHSS BAP Scientist Approving

Simulator Calibration Certification  
 Issued by Lab Manager, DHSS BAP  
 Revision Date: 05/16/2018

Breath Alcohol Program  
 1903 Northwood Drive, Suite 4  
 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A  
 Revision 1  
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**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 **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 2022** 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.*



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

2

PERMIT  
TYPE II

VIRGINIA DEBOARD

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 577.044, RSMo. and 306.111 through 306.119 RSMo.

DATE 2/23/2021

NUMBER 210030

EXPIRES 2/23/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO-380-9774 (8-02)

L45-4 (PS-10)

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

**INSTRUMENT OPERATOR CARD**

This permit card operator is authorized to operate an authorized breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator DEBOARD, VIRGINIA  
Permit No 210030  
Date Issued 2/23/2021 Date Expires 2/23/2023