



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 7:25 am, Apr 01, 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 111328	NAME OF AGENCY Knob Noster PD	DATE OF INSPECTION 03/22/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 201 N. State Street Knob Noster	TIME OF INSPECTION 10:02 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**

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Guth Laboratories LOT # 21190 EXP. DATE 06/08/2023

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2231 SIM. NIST EXP DATE 01/31/2023

☒ 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 .098

TEST 2 .097

TEST 3 .097

☒ 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).

Paper roll replaced. Instrument working correctly within Dept. of Health Standards.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

Sgt. Mitch Houston

TYPE II PERMIT NUMBER/EXPIRATION DATE

220086 / 03-16-2024

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 00643

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

Air Blank:

03/22/22 22:42 .000

Subject Test: Auto

28 03/22/22 22:42 .000

Monthly Maintenance

Subject Name

Air Blank Standard

Subject I.D.

Sgt M Houston 220086

Operator Name, I.D.

Knob Noster PD

Location

201 N State St

Knob Noster, MO

65336

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00644

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

Air Blank:

03/22/22 22:44 .000

Calibration Check:

28 03/22/22 22:44 .098

Monthly Maint

Subject Name

Test 1

Subject I.D.

Sgt M Houston 220086

Operator Name, I.D.

Knob Noster PD

Location

201 N State St

Knob Noster, MO

65336

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00645

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

Air Blank:

03/22/22 22:45 .000

Calibration Check:

28 03/22/22 22:45 .097

Monthly Maint

Subject Name

Test 2

Subject I.D.

Sgt M Houston 220086

Operator Name, I.D.

Knob Noster PD

Location

201 N State St

Knob Noster, MO

65336

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00646

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

Air Blank:

03/22/22 22:47 .000

Calibration Check:

28 03/22/22 22:47 .097

Monthly Maint

Subject Name

Test 3

Subject I.D.

Sgt M Houston 220086

Operator Name, I.D.

Knob Noster PD

Location

201 N State St

Knob Noster, MO

65336

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD 00647

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

VOID: RFI

12 03/22/22 22:51

Monthly Maint

Subject Name

RFI

Subject I.D.

Sgt M Houston 220086

Operator Name, I.D.

Knob Noster PD

Location

201 N State St

AS IV Serial no: 111328  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00647

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

VOID: RFI

12 03/22/22 22:51

Monthly Maint

Subject Name

RFI

Subject I.D.

Sgt M Houston 220086

Operator Name, I.D.

Knob Noster PD

Location

201 N State St

Knob Noster, MO

65336





## 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 **21190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **June 9, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **June 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.*





## 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: 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: 0.01

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

### Simulator Average

34.00

### NIST Average

34.01

### Combined Uncertainty

.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 1/31/2022

Certification Expiration: 1/31/2023

Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: SD2231\_1312022

X *Brianna Medrano*

DHSS BAP Scientist Approving





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



**PERMIT**  
**TYPE II**  
**MITCHEL HOUSTON**

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 3/16/2022

NUMBER 220086

EXPIRES 3/16/2024

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 **HOUSTON, MITCHEL**  
Permit No **220086**  
Date Issued **3/16/2022** Date Expires **3/16/2024**

