



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**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 07/28/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 201 N State Street Knob Noster		TIME OF INSPECTION 8:24 pm

**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 <input checked="" type="checkbox"/> .098	TEST 2 <input checked="" type="checkbox"/> .098	TEST 3 <input checked="" type="checkbox"/> .098
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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)	1
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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).  
 Instrument working correctly and within Dept. of Health Standards.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Mitchel 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 IU Serial no: 111328  
Version no: 532B

TEST RECORD 00686

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

Air Blank:  
07/28/22 20:24 .000

Subject Test: Auto  
21 07/28/22 20:24 .000

Monthly Maint

Subject Name  
Air Blank Standard

Subject I.D.  
M Houston 220086

Operator Name, I.D.  
201 N State St

Location  
Knob Noster Mo

65336

AS IU Serial no: 111328  
Version no: 532B

TEST RECORD 00687

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

Air Blank:  
07/28/22 20:26 .000

Calibration Check:  
22 07/28/22 20:26 .098

Monthly Maint

Subject Name  
Test 1

Subject I.D.  
M Houston 220086

Operator Name, I.D.  
201 N State St

Location  
Knob Noster Mo

65336

AS IU Serial no: 111328  
Version no: 532B

TEST RECORD 00688

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

Air Blank:  
07/28/22 20:27 .000

Calibration Check:  
23 07/28/22 20:27 .098

Monthly Maint

Subject Name  
Test 2

Subject I.D.  
M Houston 220086

Operator Name, I.D.  
201 N State St

Location  
Knob Noster Mo

65336

AS IU Serial no: 111328  
Version no: 532B

TEST RECORD 00689

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

Air Blank:  
07/28/22 20:29 .000

Calibration Check:  
23 07/28/22 20:29 .098

Monthly Maint

Subject Name  
test 3

Subject I.D.  
Mitch Houston 220086

Operator Name, I.D.  
201 N State St

Location  
Knob Noster Mo

65336

AS IU Serial no: 111328  
Version no: 532B

TEST RECORD 00690

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

VOID: RFI  
12 07/28/22 20:36

Monthly Maint

Subject Name  
RFI

Subject I.D.  
Mitch Houston 220086

Operator Name, I.D.  
201 N State St

Location  
Knob Noster Mo

65336

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-584-5470

**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

<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: 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

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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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 (8-10)

LAB-1 (R8-10)

 **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**

