



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 2:16 pm, Oct 26, 2023

**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 <u>Sparta 107985</u>	PRINTER SN <u>099,3586,820</u>	DATE OF INSPECTION <u>10/26/2023</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>200 North Ave Sparta MO 65753</u>		TIME OF INSPECTION <u>1110 HRS</u>

**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 LAB LOT # 23180 EXP. DATE 5/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP3584 SIMULATOR EXP DATE 3/27/2024

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 .102 TEST 2 .101 TEST 3 .101

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

H/A

**INSPECTING OFFICER**

SIGNATURE <u>Trampus Taylor</u>	PRINT NAME <u>Trampus Taylor</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230054 3/20/2025</u>	TELEPHONE NUMBER <u>417 634 3992</u>

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



# SPARTA POLICE DEPARTMENT

200 North Avenue / P.O. Box 246 – Sparta, MO 65753  
(417) 242 5511 (417) 634 5785 FAX



AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01433

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

Air Blank:  
10/26/23 11:08 .000  
Calibration Check:  
21 10/26/23 11:08 .102

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

J. Taylor 601

Location

Sparta P.D.

200 North Ave

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01434

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

Air Blank:  
10/26/23 11:10 .000  
Calibration Check:  
22 10/26/23 11:10 .101

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

J. Taylor 601

Location

200 North Ave

Sparta P.D.

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01435

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

Air Blank:  
10/26/23 11:12 .000  
Calibration Check:  
22 10/26/23 11:12 .101

Subject Name

Test #3

Subject I.D.

Operator Name, I.D.

J. Taylor 601

Location

Sparta P.D.

200 North Ave.

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01436

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

VOID: RFI  
12 10/26/23 11:13

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

J. Taylor 601

Location

Sparta P.D.

200 North Ave.

AS IV Serial no: 107985  
Version no: 532B

TEST RECORD 01437

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

Air Blank:  
10/26/23 11:16 .000  
Calibration Check:  
22 10/26/23 11:16 .000

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

J. Taylor 601

Location

Sparta P.D.

200 North Ave.





## 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 **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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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 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.*



Paula Nickelson  
 Acting Director

Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP3584      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** SPARTA PD  
**Agency Address:** 200 NORTH AVE, SPARTA, MO 65753

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 10/24/2022      **Date of Expiration:** 10/24/2023

## 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:** 3/27/2023  
**Certification Expiration:** 3/27/2024  
**Simulator testing technician:** R. SCHILDKNECHT

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO

**Certification No:** MP3584\_3272023

**X** *Brianna Medrano*

DHSS BAP Scientist Approving



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



**PERMIT**  
**TYPE II**  
**TRAMPUS TAYLOR**

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 3/27/2023

NUMBER 230054

EXPIRES 3/27/2025

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula F. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

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 TAYLOR, TRAMPUS  
 Permit No 230054  
 Date Issued 3/27/2023 Date Expires 3/27/2025

