



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 1:59 pm, Dec 20, 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 <i>Sparta 107985</i>	PRINTER SN <i>099.3586.820</i>	DATE OF INSPECTION <i>12/19/2023</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>200 North Ave. Sparta MO 65753</i>		TIME OF INSPECTION <i>1000 HRS</i>

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 *3/27/2020*

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 *105%*

TEST 2 *104%*

TEST 3 *104%*

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) <i>1</i>
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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).

None

INSPECTING OFFICER

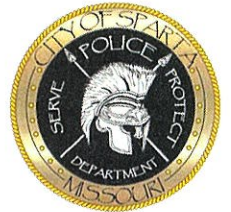
SIGNATURE <i>Trampus Taylor</i>	PRINT NAME <i>Trampus Taylor</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230654 3/27/2025</i>	TELEPHONE NUMBER <i>417 634 3992</i>

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: 167985
Version no: 532B

TEST RECORD 01448

Temp Date Time 210L

Air Blank:
12/19/23 10:01 .000
Calibration Check:
21 12/19/23 10:01 .105

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: 167985
Version no: 532B

TEST RECORD 01450

Temp Date Time 210L

Air Blank:
12/19/23 10:04 .000
Calibration Check:
22 12/19/23 10:04 .104

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

J. Taylor 601

Location

Sparta P.D.

200 North Ave

AS IV Serial no: 167985
Version no: 532B

TEST RECORD 01451

Temp Date Time 210L

Air Blank:
12/19/23 10:06 .000
Calibration Check:
22 12/19/23 10:06 .104

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: 167985
Version no: 532B

TEST RECORD 01452

Temp Date Time 210L

VOID: RFI
12 12/19/23 10:08

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

J. Taylor 601

Location

Sparta P.D.

200 North Ave

AS IV Serial no: 167985
Version no: 532B

TEST RECORD 01455

Temp Date Time 210L

Air Blank:
12/19/23 10:13 .000
Subject Test: Auto
24 12/19/23 10:13 .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 $0.100 \text{ g}/210\text{L} \pm 3\%$.

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

Table with 3 columns: 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: 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 (signature)

DHSS BAP Scientist Approving



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

2

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 Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

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

