



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 087973 NAME OF AGENCY University of Missouri - Kansas City PR DATE OF INSPECTION 12-29-2024

LOCATION OF INSTRUMENT (STREET AND CITY) 5005 Oak Street Kansas City TIME OF INSPECTION 22:02

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) 20°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Labs LOT # 24310 EXP. DATE 08-27-2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIM. SN MP5542 SIM. NIST EXP DATE 3-1-2025

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 = 0.100% TEST 2 = 0.099% TEST 3 = 0.099%

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 2 (0-.04) 2 (.05-.09) 2 (.10-.14) 2 (.15-.19) 2 (OVER .19) 2

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).

This instrument is operating within Dept. of Health guide lines.

INSPECTING OFFICER

SIGNATURE [Signature] PRINT NAME Jeff Cooper

TYPE II PERMIT NUMBER/EXPIRATION DATE 240268 12-19-2024 TELEPHONE NUMBER (816) 235-1515

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: 087973
Version no: 532B

TEST RECORD 00655

Temp Date Time 210L

Air Blank:
12/29/24 22:24 .000
Calibration Check:
22 12/29/24 22:24 .100

Subject Name

Monthly Maintenance

Subject I.D.

#1

Operator Name, I.D.

Jeff Cooper #53

Location

VMKC P.D.

№.

AS IU Serial no: 087973
Version no: 532B

TEST RECORD 00656

Temp Date Time 210L

Air Blank:
12/29/24 22:26 .000
Calibration Check:
23 12/29/24 22:26 .099

Subject Name

Monthly Maintenance

Subject I.D.

#2

Operator Name, I.D.

Jeff Cooper 53

Location

VMKC P.D.

№.

AS IU Serial no: 087973
Version no: 532B

TEST RECORD 00657

Temp Date Time 210L

Air Blank:
12/29/24 22:28 .000
Calibration Check:
23 12/29/24 22:28 .099

Subject Name

Monthly Maintenance

Subject I.D.

#3

Operator Name, I.D.

Jeff Cooper 53

Location

VMKC P.D.

№.

AS IU Serial no: 087973
Version no: 532B

TEST RECORD 00658

Temp Date Time 210L

VOID: RFI
12/29/24 22:30

Subject Name

Monthly Maintenance

Subject I.D.

RFI

Operator Name, I.D.

Jeff Cooper 53

Location

VMKC P.D.



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



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5542 **Manufacturer:** Guth
Model Number: 12V500
Agency: UMKC PD
Agency Address: 5005 OAK STREET, KANSAS CITY, MO 64112

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 10/27/2023 **Date of Expiration:** 10/27/2024

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: 3/1/2024
Certification Expiration: 3/1/2025
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP5542_312024

X *Brianna Medrano*

DHSS BAP Scientist Approving

Simulator Calibration Certification
Issued by Lab Manager, DHSS BAP
Revision Date: 06/25/2022

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

DHSS BAP Document 3.6A
Revision 2
Page 1 of 1



GUTH LABORATORIES, INC.

590 NORTH 57th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **24310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 28, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 27, 2026** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$, 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 FN03072301 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



PERMIT
TYPE II
JEFFREY COOPER

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 12/19/2024

NUMBER 240268

EXPIRES 12/19/2026

DIRECTOR STATE PUBLIC HEALTH LABORATORY

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 **COOPER, JEFFREY**
Permit No **240268**
Date Issued **12/19/2024** Date Expires **12/19/2026**

