



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 ALCO-SENSOR IV WITH PRINTER MAINTENANCE

**RECEIVED**

By Tracy Crews at 9:59 am, Aug 22, 2024

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 097417	NAME OF AGENCY Warrenton Police Department	DATE OF INSPECTION 08/22/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick Road Warrenton, Missouri 63383		TIME OF INSPECTION 8:10 am

**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, Inc. LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP3585 SIM. NIST EXP DATE 01/30/2025

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 .099

TEST 2 .099

TEST 3 .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	3	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Det. James R. Plackemeier, DSN 224

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230326 / 12/21/2025

TELEPHONE NUMBER  
(636) 456-3535

**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: 097417  
Version no: 532B

TEST RECORD 00799 s/  
Temp Date Time 210L

Air Blank:  
08/22/24 08:10 .000  
Calibration Check:  
19 08/22/24 08:10 .099

Subject Name  
Maint Check  
Subject I.D.  
Test 1  
Operator Name, I.D.  
Det. Plackemeier  
Location  
Warrenton PD

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00799 s/  
Temp Date Time 210L

Air Blank:  
08/22/24 08:12 .000  
Calibration Check:  
20 08/22/24 08:12 .099

Subject Name  
Maint Check  
Subject I.D.  
Test 2  
Operator Name, I.D.  
Det. Plackemeier  
Location  
Warrenton PD

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00800 s/  
Temp Date Time 210L

Air Blank:  
08/22/24 08:15 .000  
Calibration Check:  
20 08/22/24 08:15 .099

Subject Name  
Maint Check  
Subject I.D.  
Test 3  
Operator Name, I.D.  
Det. Plackemeier  
Location  
Warrenton PD

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00801 s/  
Temp Date Time 210L

VOID: RFI  
12 08/22/24 08:21

Subject Name  
Maint Check  
Subject I.D.  
Test 4 / RFI  
Operator Name, I.D.  
Det. Plackemeier  
Location  
Warrenton PD



Paula Nickelson  
Acting Director

Michael L. Parson  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP3585      Manufacturer: Guth  
Model Number: 12V500  
Agency: WARRENTON PD  
Agency Address: 200 W BOONESLICK ROAD., WARRENTON, MO 63383

## 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: 1/30/2024  
Certification Expiration: 1/30/2025  
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO  
Certification No: MP3585\_1302024

X *Brianna Medrano*

DHSS BAP Scientist Approving



# 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 **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 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 **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

2

**PERMIT**  
**TYPE II**  
**JAMES PLACKEMEIER**

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 12/21/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230326

*Paula J. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/21/2025

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 PLACKEMEIER, JAMES  
 Permit No 230326  
 Date Issued 12/21/2023 Date Expires 12/21/2025

