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By Tracy Crews at 9:57 am, Sep 10, 2024



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 **100291** NAME OF AGENCY **Willow Springs Police Department** DATE OF INSPECTION **09/09/2024**

LOCATION OF INSTRUMENT (STREET AND CITY) **700 W. Main St., Willow Springs, MO 65793** TIME OF INSPECTION **2107**

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 # **23390** EXP. DATE **10/17/2025**

SIMULATOR TEMPERATURE (34°C ± 0.2°C) **33.9** SIM. SN **MP5539** SIM. NIST EXP DATE **10/27/2024**

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 ← **.104**

TEST 2 ← **.103**

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

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 *David Struble*

PRINT NAME **David Struble #410**

TYPE II PERMIT NUMBER/EXPIRATION DATE **240198 Expires 08/29/2026**

TELEPHONE NUMBER **(417) 469-3158**

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: 100291
Version no: 532B

TEST RECORD 00805

Temp Date Time 210L

Air Blank:
09/09/24 20:57 .000
Calibration Check:
23 09/09/24 20:57 .104

Subject Name

TEST#1

Subject I.D.

D. STRUBLE

Operator Name, I.D.

240198

Location

Willow Springs PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00807

Temp Date Time 210L

Air Blank:
09/09/24 21:03 .000
Calibration Check:
25 09/09/24 21:03 .103

Subject Name

TEST#2

Subject I.D.

D. STRUBLE

Operator Name, I.D.

240198

Location

Willow Springs PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00808

Temp Date Time 210L

Air Blank:
09/09/24 21:05 .000
Calibration Check:
26 09/09/24 21:05 .099

Subject Name

TEST#3

Subject I.D.

D. STRUBLE

Operator Name, I.D.

240198

Location

Willow Springs PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00809

Temp Date Time 210L

VOID: RFI
12 09/09/24 21:07

Subject Name

RFI

Subject I.D.

D. STRUBLE

Operator Name, I.D.

240198

Location

Willow Springs PD



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°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 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.



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5539 Manufacturer: Guth
Model Number: 12V500
Agency: WILLOW SPRINGS PD
Agency Address: 700 W MAIN ST, PO BOX 190, WILLOW SPRINGS, MO 65793

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

Table with 3 columns: Simulator Average (34.00), NIST Average (34.00), Combined Uncertainty (.02)

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 3/21/2024
Certification Expiration: 3/21/2025
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP5539_3212024

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



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



PERMIT
TYPE II
DAVID C. STRUBLE

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, INTOX DMT

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 8/29/2024

NUMBER 240198

EXPIRES 8/29/2026

Mike Masman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielson

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 STRUBLE, DAVID
Permit No 240198
Date Issued 8/29/2024 **Date Expires** 8/29/2026

