



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

RECEIVED
 By Tracy Crews at 7:34 am, Oct 02, 2024

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 10/01/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 700 W. Main St., Willow Springs, MO 65793 | | TIME OF INSPECTION 1807 |

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

| | |
|--|--|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER Guth Laboratories | LOT # 23390 EXP. DATE 10/17/2025 |
| <input checked="" type="checkbox"/> 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 ← .096 | TEST 2 ← .099 | TEST 3 ← .098 |
|----------------------|----------------------|----------------------|

- 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 | 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 00010

Temp Date Time 210L

Air Blank:
10/01/24 18:07 .000
Subject Test: Man
21 10/01/24 18:07 .096

Subject Name

Test #1

Subject I.D.

D. Straube
Operator Name, I.D.

240198
Location

Willow Springs PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00012

Temp Date Time 210L

Air Blank:
10/01/24 18:10 .000
Subject Test: Man
23 10/01/24 18:10 .099

Subject Name

Test #2

Subject I.D.

D. Straube
Operator Name, I.D.

240198
Location

Willow Springs PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00010

Temp Date Time 210L

Air Blank:
10/01/24 18:17 .000
Subject Test: Man
25 10/01/24 18:17 .000

Subject Name

Test #3

Subject I.D.

D. Straube
Operator Name, I.D.

240198
Location

Willow Springs PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00012

Temp Date Time 210L

Air Blank:
10/01/24 18:16

Subject Name

RFI

D. Straube

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



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: 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

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 34.00 | 34.00 | .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*

DHSS BAP Scientist Approving



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

2

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 Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

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

