

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

MBCCCX*		
Complete this report in duplicate at the time of t Send copy to Department of Health and Senior S		nce check, and whenever instrument is repaired.
ALCO SENSOR IV SN 105443	NAME OF AGENCY Raymore Police Department	DATE OF INSPECTION 11/01/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Circle, Raymore	u ;	TIME OF INSPECTION 10:02 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	s, Inc. LOT # 24110	EXP. DATE 03/05/2026
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°	C) 34.0 SIM. SN SD2256	SIM. NIST EXP DATE 10/08/2025
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 ▼ 0.102	ST 2 ◆ 0.101	TEST 3 0.101
☐ RFI DETECTOR OPERATING		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)		
	.0509) 0 (.1014) 0	(.1519) 0 (OVER .19) 0
List any new parts and describe any alteration of established limits (use other side if necessary).	or modification that was made to restore	the instrument to operate satisfactorily and within
INSPECTING OFFICER		
SIGNATURE		PRINT NAME
,		Thomas Williams
TYPE II PEAMIT NUMBER/EXPIRATION DATE 230064 - 04/02/2025		(816) 331-0530
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: 105443
Version no: 532B

TEST RECORD 01574

Temp Date Time 210L

Air Blank:
 11/01/24 10:02 .000
Calibration Check:
 20 11/01/24 10:02 .102

Subject Name

Main tenance

Subject I.D.
 2300 64

Operator Name: I.D.

T. Williams 916

AS IV Serial no: 105443 Version no: 532B TEST RECORD 01575 9/ Time 210L Date Air Blank: 11/01/24 10:04 .000 Calibration Check: 21 11/01/24 10:04 .101 Subject Name Maintenance Subject I.D. 230064 Operator Name, I.D. Thomas Williams

Location

Raymore P

Version no: 532B TEST RECORD 01576 9/ Time 210L Temp Date Air Blank: 11/01/24 10:06 .000 Calibration Check: 21 11/01/24 10:06 .101 Subject Name Maintenauce Subject I.D. 230064 Operator Name, I.D. Thomas Williams Location upmort

AS IV Serial no: 105443

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 01577

Temp Date Time 210L

VOID: RFI
12 11/01/24 10:08

Subject Name

Maintenance RFD

Subject I.B.

230064

Decrator Name, I.D.

Thomas Williams

Location

Raymore PD



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24110 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on March 6, 2024, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1215% (w/vol) ethyl alcohol. The expiration date for this lot
number is March 5, 2026 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.



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



Michael L. Parson Governor

Paula Nickelson Director

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2256

Manufacturer: Guth

Model Number:

10-4D

Agency:

RAYMORE PD

Agency Address: 100 MUNICIPAL CIRCLE, RAYMORE, MO 64083

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

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.00

.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

10/8/2024

Certification Expiration:

10/8/2025

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

SD2256_1082024

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



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

THOMAS WILLIAMS

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 EC/IR II

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 4/2/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230064

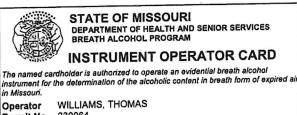
EXPIRES 4/2/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

Daves J. nichelson

LAB-4 (R6-10)

MO 580-0771 (6-10)



Permit No 230064

Date Issued 4/2/2023 Date Expires 4/2/2025

