



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 <u>105444</u>	PRINTER SN <u>096.3580.865</u>	DATE OF INSPECTION <u>9-5-24</u>
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LOCATION OF INSTRUMENT (STREET AND CITY) <u>210 S. Clarke Ave. Clever Mo 65031 (Clever P.D.)</u>	TIME OF INSPECTION <u>1100</u>
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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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH LAB</u>	LOT # <u>23390</u>	EXP. DATE <u>10/17/25</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE ($34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$) <u>34^{\circ}\text{C}</u>	SIMULATOR SN _____	SIMULATOR EXP DATE _____
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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 $\pm 5\%$ 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 \blacktriangleright <u>.104</u>	TEST 2 \blacktriangleright <u>.104</u>	TEST 3 \blacktriangleright <u>.103</u>
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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 <u>0</u>	(0-.04) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>1</u>
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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).

N/A

INSPECTING OFFICER	
SIGNATURE <u>[Signature]</u>	PRINT NAME <u>LOREN MYSTROM</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230287</u>	TELEPHONE NUMBER <u>417-743-5109</u>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00916

Temp Date Time ^{s/} 210L

Air Blank:
09/05/24 11:06 .000
Calibration Check:
23 09/05/24 11:06 .104

Subject Name

Test

Subject I.D.

#1

Operator Name, I.D.

L. Nystrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00917

Temp Date Time ^{s/} 210L

Air Blank:
09/05/24 11:08 .000
Calibration Check:
24 09/05/24 11:08 .104

Subject Name

Test

Subject I.D.

#2

Operator Name, I.D.

L. Nystrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00918

Temp Date Time ^{s/} 210L

Air Blank:
09/05/24 11:10 .000
Calibration Check:
24 09/05/24 11:10 .103

Subject Name

Test

Subject I.D.

#3

Operator Name, I.D.

L. Nystrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00919

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/05/24 11:13

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

L. Nystrom 803

Location

Clever P.D. Patrol Room

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00920

Temp Date Time ^{s/} 210L

Air Blank:
09/05/24 11:17 .000
Calibration Check:
24 09/05/24 11:17 .000

Subject Name

Test

Subject I.D.

Blank

Operator Name, I.D.

L. Nystrom 803

Location

Clever P.D. Booking Room



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.



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2259 Manufacturer: Guth
Model Number: 10-4D
Agency: CLEVER PD
Agency Address: 304 S CLARKE ST, CLEVER, MO 65631

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 (33.99), Combined Uncertainty (.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: SD2259_1302024

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



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



PERMIT
TYPE II
LOREN NYSTROM

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 12/6/2023

NUMBER 230287

EXPIRES 12/6/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



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 NYSTROM, LOREN
Permit No 230287
Date Issued 12/6/2023 **Date Expires** 12/6/2025

