



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

RECEIVED  
 BY: Tracy Green at 8:03 am, Nov 13, 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 107977	NAME OF AGENCY Excelsior Springs Police Department	DATE OF INSPECTION 11/13/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S. Main Excelsior Springs, Mo 64024		TIME OF INSPECTION 5:21 pm

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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 <u>Guth</u>	LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP3564</u> SIM. NIST EXP DATE <u>05/16/2024</u>

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)

<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 <input checked="" type="checkbox"/> .100	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .099
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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 0 | (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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME C. Cramer-Stocks
TYPE II PERMIT NUMBER/EXPIRATION DATE 230103 5/30/2025	TELEPHONE NUMBER (816) 630-2000

**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: 107977  
Version no: 532B

TEST RECORD 01454

Temp Date Time 210L

Air Blank: 11/13/24 17:21 .000  
Calibration Check: 22 11/13/24 17:21 .100

Subject Name Cranner 910  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location Simulabr  
Location ESP D

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 01457

Temp Date Time 210L

Air Blank: 11/13/24 17:26 .000  
Calibration Check: 23 11/13/24 17:26 .099

Subject Name Cranner 910  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location Simulabr  
Location ESP D

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 01458

Temp Date Time 210L

Air Blank: 11/13/24 17:27 .000  
Calibration Check: 24 11/13/24 17:27 .099

Subject Name Cranner 910  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location Simulabr  
Location ESP D

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 01459

Temp Date Time 210L

VOID: RFI  
12 11/13/24 17:29

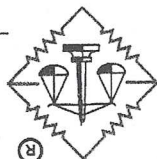
Subject Name Cranner  
Subject I.D. \_\_\_\_\_

Operator Name, I.D. \_\_\_\_\_

Location Simulabr  
Location ESP D

CERTIFICATE OF ANALYSIS

GUTH LABORATORIES, INC.  
690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470



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 Certified 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  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

By Brianna Medrano at 2:59 pm, May 25, 2023

By Tracy Crews at 8:18 am, May 25, 2023

**APPROVED**

**RECEIVED**

THIS APPLICATION IS FOR  NEW PERMIT  RENEWAL

PRINT FULL NAME: Cassio N. Cranner - Stocks TITLE: Sgt AGE: 37

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: Excelsior Springs Police Department TELEPHONE: 816 030-2000

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 301 S. Main Excelsior Springs MO 64024

EMAIL ADDRESS: ccanner@espolice.com

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK IN THESE BOXES FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
5/12/23	MSC	30	Type II supervisor	<input type="checkbox"/>	Bond
5/23/23	HSC	3	Type II 88-11 lab	<input checked="" type="checkbox"/>	Bond

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. AS IV	16	10 SELF-TESTS OK BLM
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: Cassio N. Cranner - Stocks

DATE: 5/23/23

RETURN COMPLETED APPLICATION TO THE:  
Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



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

PERMIT  
TYPE II

CASSIE N. CRAMER-STOCKS

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.

*Mike Morgan*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Daniel J. McDonald*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RS-10)


DATE 5/30/2023

NUMBER 230103

EXPIRES 5/30/2025

MO 580-0771 (6-10)

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  
CRAMER-STOCKS, CASSIE  
Permit No. 230103  
Date Issued 5/30/2023 Date Expires 5/30/2025

