



**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 107982	NAME OF AGENCY MSHP	DATE OF INSPECTION 06/02/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1702 E. Laharpe Street, Kirksville, MO 63501		TIME OF INSPECTION 5:46 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.

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, Inc. LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP2519 SIM. NIST EXP DATE 04/25/2025

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 ← 0.099

TEST 2 ← 0.099

TEST 3 ← 0.099

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

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
MSgt G. L. Gaines, #801

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240032 02/05/2026

TELEPHONE NUMBER  
(660) 385-2132

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



## 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 P.M.

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.*

JUN 02 2024

AS IV Serial no: 187982  
Version no: 532B

TEST RECORD 00931  
Temp Date Time 210L  
Air Blank: 06/02/24 17:46 .000  
Calibration Check: 29 06/02/24 17:46 .099

Subject Name  
TEST #1  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location  
1702 E. LAHARRE ST.,  
WARRENVILLE, MO

*[Signature]* #501

AS IV Serial no: 187982  
Version no: 532B

TEST RECORD 00932  
Temp Date Time 210L  
Air Blank: 06/02/24 17:47 .000  
Calibration Check: 29 06/02/24 17:47 .099

Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location  
1702 E. LAHARRE ST.,  
WARRENVILLE, MO

*[Signature]* #501

AS IV Serial no: 187982  
Version no: 532B

TEST RECORD 00933  
Temp Date Time 210L  
Air Blank: 06/02/24 17:49 .000  
Calibration Check: 38 06/02/24 17:49 .099

Subject Name  
TEST #3  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location  
1702 E. LAHARRE ST.,  
WARRENVILLE, MO

*[Signature]* #501

AS IV Serial no: 187982  
Version no: 532B

TEST RECORD 00934  
Temp Date Time 210L  
VOID: RFI  
12 06/02/24 17:50

Subject Name  
TEST  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location  
1702 E. LAHARRE ST.,  
WARRENVILLE, MO

*[Signature]* #501



Paula Nickelson  
 Acting Director

Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP2519      Manufacturer: Guth  
 Model Number: 12V500  
 Agency: MSHP (GHQ)  
 Agency Address: 1510 E ELM ST, JEFFERSON CITY, MO 65101

## NIST THERMOMETER INFORMATION

Serial Number: 307715      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 10/4/2023      Date of Expiration: 10/4/2024

## 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>
33.99	34.02	.06

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/25/2024  
 Certification Expiration: 4/25/2025  
 Simulator testing technician: J. CLEVELAND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO  
 Certification No: MP2519\_4252024

**X**

DHSS BAP Scientist Approving



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



**PERMIT**  
**TYPE II**  
**GRAYDON L. GAINES**

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 2/5/2024

*Mike Morrison*  
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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240032

*Paula F. Nielson*  
\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 2/5/2026

 **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 GAINES, GRAYDON  
Permit No 240032  
Date Issued 2/5/2024 Date Expires 2/5/2026

