



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 107982	NAME OF AGENCY MSHP	DATE OF INSPECTION 11/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1702 E. Laharpe Street, Kirksville, MO 63501		TIME OF INSPECTION 2:04 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) 34.0      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 ← 0.101	TEST 2 ← 0.101	TEST 3 ← 0.101
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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)	1	(.10-.14)	3	(.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).

ADJUSTED TIME FOR DAYLIGHT SAVINGS TIME ENDING

<b>INSPECTING OFFICER</b>	
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 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.*

NOV 03 2024

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 01028 <sup>g/</sup>  
Temp Date Time 210L

Air Blank: 11/03/24 14:04 .000  
Calibration Check: 20 11/03/24 14:04 .101

Subject Name  
TEST #1  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location

1702 E. LA HARVE ST.,  
KEOKU, MO

*[Signature]*

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 01029 <sup>g/</sup>  
Temp Date Time 210L

Air Blank: 11/03/24 14:06 .000  
Calibration Check: 21 11/03/24 14:06 .101

Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location

1707 E. LA HARVE ST.,  
KEOKU, MO

*[Signature]*

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 01030 <sup>g/</sup>  
Temp Date Time 210L

Air Blank: 11/03/24 14:08 .000  
Calibration Check: 22 11/03/24 14:08 .101

Subject Name  
TEST #3  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location

1702 E. LA HARVE ST.,  
KEOKU, MO

*[Signature]*

AS IV Serial no: 107982  
Version no: 532B

TEST RECORD 01031 <sup>g/</sup>  
Temp Date Time 210L

VOID: RFI  
12 11/03/24 14:09

Subject Name  
RFI  
Subject I.D.

Operator Name, I.D.  
MSgt G.L. GARNES #210032  
Location

1702 E. LA HARVE ST.,  
KEOKU, MO

*[Signature]*



**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:** 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** *Brianna Medrano*

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  
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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

NUMBER 240032

EXPIRES 2/5/2026

*Mike Morrison*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave F. Nicholson*

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

