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By Tracy Crews at 7:26 am, Sep 23, 2024



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 <i>Sparta 10785</i>	PRINTER SN <i>0993586820</i>	DATE OF INSPECTION <i>9/20/2024</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>200 North Ave Sparta MO 65753</i>		TIME OF INSPECTION <i>0920 HRS</i>

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 LAB* LOT # *23390* EXP. DATE *10/17/2025*

SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34.00* SIMULATOR SN *MP3584* SIMULATOR EXP DATE *03/26/2028*

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 <i>102</i>	TEST 2 <i>102</i>	TEST 3 <i>102</i>
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

none

INSPECTING OFFICER

SIGNATURE *Thomas Taylor*

PRINT NAME *Thomas Taylor*

TYPE II PERMIT NUMBER/EXPIRATION DATE *230054 3/27/2025*

TELEPHONE NUMBER *417 634 3992*

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



SPARTA POLICE DEPARTMENT

200 North Avenue / P.O. Box 246 - Sparta, MO 65753
(417) 242 5511 (417) 634 5785 FAX



AS IV Serial no: 107985
Version no: 532B

AS IV Serial no: 107985
Version no: 532B

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01527

TEST RECORD 01528

TEST RECORD 01530

Temp	Date	Time	s/ 210L
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Temp	Date	Time	s/ 210L
------	------	------	------------

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
09/20/24 09:19 .000
Calibration Check:
21 09/20/24 09:19 .102

Air Blank:
09/20/24 09:21 .000
Calibration Check:
21 09/20/24 09:21 .102

Air Blank:
09/20/24 09:24 .000
Calibration Check:
22 09/20/24 09:24 .102

Subject Name

Subject Name

Subject Name

Test # 1

Test # 2

Test # 3

Subject I.D.

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

J. Jagan Cool

J. Jagan Cool

J. Jagan Cool

Location

Location

Location

200 North Ave

200 North Ave

200 North Ave

Sparta MO 65753

Sparta, MO 65753

Sparta MO 65753

AS IV Serial no: 107985
Version no: 532B

AS IV Serial no: 107985
Version no: 532B

TEST RECORD 01529

TEST RECORD 01531

Temp	Date	Time	s/ 210L
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Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI
12 09/20/24 09:22

Air Blank:
09/20/24 09:26 .000
Subject Test: Auto
23 09/20/24 09:26 .000

Subject Name

Subject Name

RFI

Blank

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

J. Jagan Cool

J. Jagan Cool

Location

Location

200 North Ave

200 North Ave

Sparta MO 65753

Sparta MO 65753



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: MP3584 **Manufacturer:** Guth
Model Number: 12V500
Agency: SPARTA PD
Agency Address: 200 NORTH AVE, SPARTA, MO 65753

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

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.01	34.01	.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 3/26/2024
Certification Expiration: 3/26/2025
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP3584_3262024

X *Brianna Medrano*

DHSS BAP Scientist Approving



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

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PERMIT
TYPE II
TRAMPUS TAYLOR

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 3/27/2023

NUMBER 230054

EXPIRES 3/27/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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 TAYLOR, TRAMPUS
 Permit No 230054
 Date Issued 3/27/2023 Date Expires 3/27/2025

