



**RECEIVED**

By Tracy Crews at 10:21 am, Aug 21, 2024

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 108270	NAME OF AGENCY Holden PD	DATE OF INSPECTION 08/20/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W. 3rd Street, Holden		TIME OF INSPECTION 2:12 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 LOT # 22430 EXP. DATE 11/30/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2231 SIM. NIST EXP DATE 11/16/2024

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 .103

TEST 2 .103

TEST 3 .102

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)	1	(.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).

Time adjusted.  
Instrument working correctly within Dept. of Health Standards.

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Karl Van Vickle

TYPE II PERMIT NUMBER/EXPIRATION DATE  
240175 / 08/16/2026

TELEPHONE NUMBER  
(816) 850-4154

**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: 108270  
Version no: 532B

TEST RECORD 00857

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/20/24 14:12 .000  
Calibration Check:  
23 08/20/24 14:12 .000  
Monthly Maint  
Subject Name

Blank Standard  
Subject I.D.

K. VanVickle 240175  
Operator Name, I.D.

110 W. 3<sup>rd</sup> ST  
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270  
Version no: 532B

TEST RECORD 00858

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 08/20/24 14:14  
Monthly Maint  
Subject Name

RFI CHECK  
Subject I.D.

K. VanVickle 240175  
Operator Name, I.D.

110 W. 3<sup>rd</sup> ST  
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270  
Version no: 532B

TEST RECORD 00859

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/20/24 14:16 .000  
Calibration Check:  
23 08/20/24 14:16 .103  
Monthly Maint  
Subject Name

Test #1  
Subject I.D.

K. VanVickle 240175  
Operator Name, I.D.

110 W. 3<sup>rd</sup> ST  
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270  
Version no: 532B

TEST RECORD 00860

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/20/24 14:17 .000  
Calibration Check:  
24 08/20/24 14:17 .103  
Monthly Maint  
Subject Name

Test #2  
Subject I.D.

K. VanVickle 240175  
Operator Name, I.D.

110 W. 3<sup>rd</sup> ST  
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270  
Version no: 532B

TEST RECORD 00861

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/20/24 14:19 .000  
Calibration Check:  
24 08/20/24 14:19 .102  
Monthly Maint  
Subject Name

Test #3  
Subject I.D.

K. VanVickle 240175  
Operator Name, I.D.

110 W. 3<sup>rd</sup> ST  
Location

Holden, MO 64040

Holden, MO PD



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: SD2231      Manufacturer: Gufh  
 Model Number: 10-4D  
 Agency: KNOB NOSTER PD  
 Agency Address: 201 N STATE, KNOB NOSTER, MO 65336

## NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 1/23/2023      Date of Expiration: 1/23/2024

## 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>
34.00	33.99	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 11/16/2023  
 Certification Expiration: 11/16/2024  
 Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

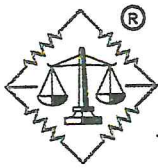
Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO  
 Certification No: SD2231\_11162023

X *Brianna Medrano*

DHSS BAP Scientist Approving

COPY



**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 **22430** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 1, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **November 30, 2024** 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 FN03052002 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.*



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



**PERMIT  
 TYPE II**

**KARL E. VANVICKLE**

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 8/16/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240175

*David F. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/16/2026

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 VANVICKLE, KARL  
 Permit No 240175  
 Date Issued 8/16/2024 Date Expires 8/16/2026

