



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 111641	NAME OF AGENCY Kirksville PD	DATE OF INSPECTION 10/01/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 119 E Mcpherson, Kirksville MO 63501	TIME OF INSPECTION 8:17 am
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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 LOT # 22430 EXP. DATE 11/30/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIM. SN MP3570 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 .104

TEST 2 .103

TEST 3 .103

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)	90	(.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
Juan Chairez

TYPE II PERMIT NUMBER/EXPIRATION DATE
240147 EXP 7-3-2026

TELEPHONE NUMBER
(660) 785-6945

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: 111641
Version no: 532B

TEST RECORD 00194

Temp	Date	Time	9/ 210L
Air Blank:	10/01/24	08:17	.000
Calibration Check:	22 10/01/24	08:17	.104

Air Blank:
10/01/24 08:17 .000
Calibration Check:
22 10/01/24 08:17 .104

Subject Name

Test 1

Subject I.D.

Test 1

Operator Name, I.D.

JL 187 240147
EXP 7-3-2026

Location

119 E McPherson

Kirkville Mo 67501

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00195

Temp	Date	Time	9/ 210L
Air Blank:	10/01/24	08:19	.000
Calibration Check:	22 10/01/24	08:19	.103

Air Blank:
10/01/24 08:19 .000
Calibration Check:
22 10/01/24 08:19 .103

Subject Name

Test 2

Subject I.D.

Test 2

Operator Name, I.D.

JL 187 240147
EXP 7-3-2026

Location

119 E McPherson

Kirkville Mo 67501

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00196

Temp	Date	Time	9/ 210L
Air Blank:	10/01/24	08:21	.000
Calibration Check:	23 10/01/24	08:21	.103

Air Blank:
10/01/24 08:21 .000
Calibration Check:
23 10/01/24 08:21 .103

Subject Name

Test 3

Subject I.D.

Test 3

Operator Name, I.D.

JL 187 240147
EXP 7-3-2026

Location

119 E McPherson

Kirkville Mo 67501

AS IV Serial no: 111641
Version no: 532B

TEST RECORD 00197

Temp	Date	Time	9/ 210L
VOID: RFI	12 10/01/24	08:23	

VOID: RFI

12 10/01/24 08:23

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.

JL 187 240147
EXP 7-3-2026

Location

119 E McPherson

Kirkville Mo 67501



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3570 **Manufacturer:** Guth
Model Number: 12V500
Agency: KIRKSVILLE PD
Agency Address: 119 EAST MCPHERSON, KIRKSVILLE, MO 63501

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>
34.00	34.00	.02

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: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP3570_4252024

X

DHSS BAP Scientist Approving



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

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PERMIT
TYPE II
JUAN B. CHAIREZ

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair 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 section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/3/2024

NUMBER 240147

EXPIRES 7/3/2026

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula F. 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 CHAIREZ, JUAN
 Permit No 240147
 Date Issued 7/3/2024 Date Expires 7/3/2026

