



**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 11/29/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E Mcpherson, Kirksville MO 63501		TIME OF INSPECTION 6:54 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 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  .102
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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)	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 00282

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

Air Blank:  
11/29/24 18:54 .000  
Calibration Check:  
23 11/29/24 18:54 .104

Subject Name

Test 1

Subject I.D.

Test 1

Operator Name, I.D.  
#240147

QC 187 Exp 7-7-2026

Location

119 E McPherson

Kirkville mo 67501

AS IV Serial no: 111641  
Version no: 532B

TEST RECORD 00283

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

Air Blank:  
11/29/24 18:56 .000  
Calibration Check:  
24 11/29/24 18:56 .103

Subject Name

Test 2

Subject I.D.

Test 2

Operator Name, I.D.  
#240147

QC 187 Exp 7-7-2026

Location

119 E McPherson

Kirkville mo 67501

AS IV Serial no: 111641  
Version no: 532B

TEST RECORD 00284

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

Air Blank:  
11/29/24 18:58 .000  
Calibration Check:  
25 11/29/24 18:58 .102

Subject Name

Test 3

Subject I.D.

Test 3

Operator Name, I.D.  
#240147

QC 187 Exp 7-7-2026

Location

119 E McPherson

Kirkville mo 67501

AS IV Serial no: 111641  
Version no: 532B

TEST RECORD 00285

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

VOID: RFI  
12 11/29/24 19:00

Subject Name

RFI

Subject I.D.

RFI

Operator Name, I.D.  
#240147

QC 187 Exp 7-7-2026

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 *Brianna Medrano*

DHSS BAP Scientist Approving



# GUTH LABORATORIES, INC.

690 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°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 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

MO 680-0771 (6-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-1)

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

