



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 7:24 am, Jul 29, 2024

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 <u>111642</u>	NAME OF AGENCY <u>Campbell Police Department</u>	DATE OF INSPECTION <u>7-29-2024</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>204 Grand Ave Campbell, MO 63933</u>		TIME OF INSPECTION <u>00:40</u>

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 Cuth LOT # 23390 EXP. DATE 10-17-2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIM. SN S1D1743 SIM. NIST EXP DATE 12-19-2025

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 .097

TEST 2 .097

TEST 3 .098

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

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).

Placed new roll of print paper

INSPECTING OFFICER

SIGNATURE
Jerry Don Hargraves

PRINT NAME
Jerry Don Hargraves

TYPE II PERMIT NUMBER/EXPIRATION DATE
230319 / 12-21-2025

TELEPHONE NUMBER
(573) 217-9122

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: 111642
Version no: 532B

TEST RECORD 00584

Temp Date Time 210L

Air Blank:
07/29/24 00:46 .000
Subject Test: Man
20 07/29/24 00:46 .097

Subject Name

test #1

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept.
Location

Booking room

AS IV Serial no: 111642
Version no: 532B

TEST RECORD 00587

Temp Date Time 210L

VOID: RFI
12 07/29/24 00:54

Subject Name

test #4 RFI

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking room

AS IV Serial no: 111642
Version no: 532B

TEST RECORD 00586

Temp Date Time 210L

Air Blank:
07/29/24 00:52 .000
Subject Test: Man
21 07/29/24 00:52 .098

Subject Name

test #3

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking room

AS IV Serial no: 111642
Version no: 532B

TEST RECORD 00585

Temp Date Time 210L

Air Blank:
07/29/24 00:50 .000
Subject Test: Man
21 07/29/24 00:50 .097

Subject Name

test #2

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking room



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD1743 **Manufacturer:** Guth
Model Number: 10-4D
Agency: CAMPBELL PD
Agency Address: 204 W GRAND, CAMPBELL, MO 63933

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	34.03	.06

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 12/19/2023
Certification Expiration: 12/19/2024
Simulator testing technician: R. SCHILDKNECHT

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

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: SD1743_12192023

X *Brianna Medrano*

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 **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.



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

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PERMIT
TYPE II
JERRY HARGRAVES

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 12/21/2023

NUMBER 230319

EXPIRES 12/21/2025

Mike Mazon

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 589 0771 (6-10)

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 HARGRAVES, JERRY
Permit No 230319
Date issued 12/21/2023 **Date Expires** 12/21/2025

