



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 <u>111642</u>	NAME OF AGENCY <u>Campbell Police Department</u>	DATE OF INSPECTION <u>08-30-2024</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>204 Grand Ave Campbell, Mo 63933</u>		TIME OF INSPECTION <u>0237</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 Guth                      LOT # 23390                      EXP. DATE 10-17-2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C                      SIM. SN SD1743                      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 $\Rightarrow$ <u>.096</u>	TEST 2 $\Rightarrow$ <u>.096</u>	TEST 3 $\Rightarrow$ <u>.096</u>
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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

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).

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<b>INSPECTING OFFICER</b>	
SIGNATURE <u>Jerry Don Hargraves</u>	PRINT NAME <u>Jerry Don Hargraves</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230319 / 12-21-2025</u>	TELEPHONE NUMBER <u>(573) 217-9122</u>

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 00588

Temp Date Time 210L

Air Blank:  
08/30/24 02:40 .000  
Subject Test: Man  
19 08/30/24 02:40 .096

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 00589

Temp Date Time 210L

Air Blank:  
08/30/24 02:42 .000  
Subject Test: Man  
19 08/30/24 02:42 .096

Subject Name

test #2

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 00590

Temp Date Time 210L

Air Blank:  
08/30/24 02:43 .000  
Subject Test: Man  
20 08/30/24 02:43 .096

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 00591

Temp Date Time 210L

VOID: RFI  
12 08/30/24 02:45

Subject Name

test #4 RFI

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

Table with 3 columns: Simulator Average (34.00), NIST Average (34.03), Combined Uncertainty (.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 [Signature]

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 Mazzoni*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Daniel J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

**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

