

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

42555					
Complete this report in duplicate at the time Send copy to Department of Health and Seni	of the regular monthly pr or Services; retain origin	eventative maintena al in department file.	nce check, and whene	ver instrument is repaired.	
ALCO SENSOR IV SN	NAME OF AGENCY Campbell Police	e Departmen	+ 11-	INSPECTION 3-2624	
LOCATION OF INSTRUMENT (STREET AND CITY)	ohell , MAA 6, 2933		11119	INSPECTION 5	
CHECKLIST: Place a mark in the box by each	item if found to be satisfa	actory or if operating	within established limits	. (Write in observed values	
where determined.) Unmarked items must be corrected before using instrument.					
DIGITAL READOUT (ALL ELEMENTS C	PERATIONAL)				
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY					
TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDAR	RDS				
SIMULATOR SOLUTION		COMPRESSE	D ETHANOL-GAS MIXT	TURE	
M STANDARD SUPPLIER GUTh	L	от# <u>23396</u>	EXP. DATE/	17-2625	
SIMULATOR TEMPERATURE (34°C ± 0).2°C) <u>34°C</u> SIN	n. sn <u>S D1743</u>	SIM. NIST EX	P DATE 12-19-2025	
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A 0.105% INCLUSIVE 0.084% INCLUSIVE	TTACHED) = =	t have a spread of .005 or	
TEST 1 - 096	TEST 2 - O96		TEST 3096		
PRFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:					
(DO NOT INCLUDE SELF-ADMINISTERED	TESTS)			ī	
REFUSALS (004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
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		
TYPE II PERMIT NUMBER/EXPIRATION DATE			Jerry Don Ha TELEPHONE NUMBER	rgraves	
230319/ 12-21-2025			(573) 217- 91	22	
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 00602

9/ Temp Date Time 210L

Air Blank: 11/03/24 19:10 .000 Subject Test: Man 23 11/03/24 19:10 .096

Subject Name

tes+#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 00603

Temp Date Time 210L

Air Blank: 11/03/24 19:11 .000 Subject Test: Man 23 11/03/24 19:11 .096

Subject Name

1es+ #

Subject I.D.

Jessy Hargraves 230319 Operator Name, I.D.

Campbell Police Dept Location

Booking room

AS IV Serial no: 111642 Version no: 532B

TEST RECORD 00604

Temp Date Time 210L

Air Blank: 11/03/24 19:13 .000 Subject Test: Man 23 11/03/24 19:13 .096

Subject Name

test #3

Subject I.D.

Jerry Hargraves 230319 Operator Name, I.D.

Camppell Police Dept Location

Booking room

AS IV Serial no: 111642 Version no: 532B

TEST RECORD 00605

e/ Temp Date Time 210L

VOID: RFI

12 11/03/24 19:14

Subject Name

tesi#4 RFI test
Subject I.B.

Jerry Hargraves 230319 Operator Name, I.D.

Campbell Police Dept Location

Booking room



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: 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

Simulator Average

NIST Average

Combined Uncertainty .06

34.00

34.03 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:

Brian Mahra

BRIANNA MEDRANO

Certification No:

SD1743_12192023

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP Revision Date: 06/25/2022

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 2 Page 1 of 1



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°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 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

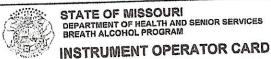


JERRY HARGRAVES

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

	VWIIHPRINIER
for the determination of the alcoholic content of blood from a sa 577.020 through 577.041, RSMo and 306.111 through 306.11	ample of expired air. Permit issued under the provisions of sections 9 RSMo. M.J.L. Mosmoo
DATE 12/21/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230319	Davla J. Nichelson
EXPIRES 12/21/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (G-10)



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.

HARGRAVES, JERRY Operator

Permit No 230319

Date Expires 12/21/2025 Date Issued 12/21/2023

