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By Tracy Crews at 7:23 am, Dec 04, 2024



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>12-3-2024</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>204 Grand Ave Campbell, MO 63933</u>		TIME OF INSPECTION

**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 .098

TEST 2 .098

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).

**INSPECTING OFFICER**

SIGNATURE  
Jerry D. Hargraves

PRINT NAME  
Jerry Don Hargraves

TYPE & PERM 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 00607

Temp Date Time 210L

Air Blank:  
12/03/24 13:55 .000  
Subject Test: Man  
18 12/03/24 13:55 .098

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 00608

Temp Date Time 210L

Air Blank:  
12/03/24 13:56 .000  
Subject Test: Man  
19 12/03/24 13:56 .098

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 00609

Temp Date Time 210L

Air Blank:  
12/03/24 13:58 .000  
Subject Test: Man  
19 12/03/24 13:58 .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 00610

Temp Date Time 210L

VOID: RFI  
12 12/03/24 14:00

Subject Name

test #4 RFI test

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 Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave F. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (PS-10)

MO 580-0771 (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

