



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**RECEIVED**

By Tracy Crews at 3:39 pm, Jul 24, 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 111756	NAME OF AGENCY Grain Valley PD	DATE OF INSPECTION 06/09/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 719 RD Mize Road, Grain Valley, MO. 64029		TIME OF INSPECTION 11:15 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)      19°C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION       COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories      LOT # 23390      EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C      SIM. SN SD1434      SIM. NIST EXP DATE 09/28/2024

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   .101	TEST 2   .101	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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 Nicholas Jeffries
TYPE II PERMIT NUMBER/EXPIRATION DATE 240117 / 05/29/2026	TELEPHONE NUMBER (816) 847-6250

**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: 111756  
Version no: 532B

TEST RECORD 00332

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

Air Blank:  
06/09/24 23:15 .000  
Calibration Check:  
19 06/09/24 23:15 .101

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

NICHOLAS W.  
JEFFRIES 240117

Location

719 RD MIZE RD.

GRAIN VALLEY, MD  
64029

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00333

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

Air Blank:  
06/09/24 23:17 .000  
Calibration Check:  
20 06/09/24 23:17 .101

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

NICHOLAS W.  
JEFFRIES 240117

Location

719 RD MIZE RD

GRAIN VALLEY, MD  
64029

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00334

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

Air Blank:  
06/09/24 23:18 .000  
Calibration Check:  
21 06/09/24 23:18 .102

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

NICHOLAS W.  
JEFFRIES 240117

Location

719 RD MIZE RD

GRAIN VALLEY, MD  
64029

AS IV Serial no: 111756  
Version no: 532B

TEST RECORD 00335

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

VOID: RFI  
12 06/09/24 23:20

Subject Name

TEST 4

Subject I.D.

Operator Name, I.D.

NICHOLAS W.  
JEFFRIES 240117

Location

719 RD MIZE RD

GRAIN VALLEY, MD  
64029



Paula Nickelson  
Acting Director

Michael L. Parson  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** SD1434      **Manufacturer:** Guth  
**Model Number:** 10-4D  
**Agency:** GRAIN VALLEY PD  
**Agency Address:** 711 MAIN ST, GRAIN VALLEY, MO 64029

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 10/24/2022      **Date of Expiration:** 10/24/2023

## 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:** 9/28/2023  
**Certification Expiration:** 9/28/2024  
**Simulator testing technician:** R. SCHILDKNECHT

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO

**Certification No:** SD1434\_9282023

**X**

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  $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$ , 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**  
**NICHOLAS W. JEFFRIES**

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 5/29/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240117

*Paula J. Nielson*

EXPIRES 5/29/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 **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** JEFFRIES, NICHOLAS  
**Permit No** 240117  
**Date Issued** 5/29/2024 **Date Expires** 5/29/2026

