



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 111756	NAME OF AGENCY Grain Valley PD	DATE OF INSPECTION 07/09/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 719 RD Mize Rd., Grain Valley, MO 64029		TIME OF INSPECTION 2320 HRS

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 Laboratories LOT # 23390 EXP. DATE 10/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIM. SN SD 1434 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 • <u>.101</u>	TEST 2 • <u>.101</u>	TEST 3 • <u>.102</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-.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 <u>NICHOLAS W. JEFFRIES</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>240117 / 05-29-2026</u>	TELEPHONE NUMBER <u>(816) 847-6250</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: 111756
Version no: 532B

TEST RECORD 00339

Temp Date Time ^{s/} 210L

Air Blank:
07/09/24 23:20 .000
Calibration Check:
20 07/09/24 23:20 .101

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

NICHOLAS W.
JEFFRIES 240117

Location

719 RD MIZE RD.,

GRAIN VALLEY, MO

64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00340

Temp Date Time ^{s/} 210L

Air Blank:
07/09/24 23:22 .000
Calibration Check:
21 07/09/24 23:22 .101

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

NICHOLAS W.
JEFFRIES 240117

Location

719 RD MIZE RD.

GRAIN VALLEY, MO

64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00341

Temp Date Time ^{s/} 210L

Air Blank:
07/09/24 23:23 .000
Calibration Check:
21 07/09/24 23:23 .102

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

NICHOLAS W.
JEFFRIES 240117

Location

719 RD MIZE RD.

GRAIN VALLEY, MO

64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00342

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/09/24 23:25

Subject Name

TEST 4

Subject I.D.

Operator Name, I.D.

NICHOLAS W.
JEFFRIES 240117

Location

719 RD MIZE RD.

GRAIN VALLEY, MO

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 *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
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. Nickelson

EXPIRES 5/29/2026

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

