



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 11/15/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 719 RD Mize Road, Grain Valley, MO 64029	TIME OF INSPECTION 5:08 pm
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u>	LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34° C</u>	SIM. SN <u>SD1434</u> SIM. NIST EXP DATE <u>09/18/2025</u>

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 .102	TEST 2 .103	TEST 3 .103
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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 W. 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 00376

Temp Date Time ^{s/} 210L

Air Blank:
11/15/24 17:08 .000
Calibration Check:
18 11/15/24 17:08 .102

Subject Name
TEST #1
Subject I.D.

Operator Name, I.D.
NICHOLAS W. JEFFRIES / 240117
Location
719 RD MIZE RD.
GRAVE VALLEY, MO
64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00377

Temp Date Time ^{s/} 210L

Air Blank:
11/15/24 17:12 .000
Calibration Check:
19 11/15/24 17:12 .103

Subject Name
TEST #2
Subject I.D.

Operator Name, I.D.
NICHOLAS W. JEFFRIES / 240117
Location
719 RD MIZE RD.
GRAVE VALLEY, MO
64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00378

Temp Date Time ^{s/} 210L

Air Blank:
11/15/24 17:17 .000
Calibration Check:
19 11/15/24 17:17 .103

Subject Name
TEST #3
Subject I.D.

Operator Name, I.D.
NICHOLAS W. JEFFRIES / 240117
Location
719 RD MIZE RD.
GRAVE VALLEY, MO
64029

AS IV Serial no: 111756
Version no: 532B

TEST RECORD 00379

Temp Date Time ^{s/} 210L

VOID: RFI
12 11/15/24 17:20

Subject Name
TEST #4 (RFI)
Subject I.D.

Operator Name, I.D.
NICHOLAS W. JEFFRIES / 240117
Location
719 RD MIZE RD.
GRAVE VALLEY, MO
64029



Paula Nickelson
 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: 10/27/2023 **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	34.00	.02

The combined uncertainty is calculated with a k=2 value.

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 9/18/2024
Certification Expiration: 9/18/2025
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: SD1434_9182024

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



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

NUMBER 240117

EXPIRES 5/29/2026

Mike Massam

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David F. Nickelson

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

