

RECEIVED

By Tracy Crews at 7:34 am, Jul 16, 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 119729	NAME OF AGENCY Newton County Sheriff's Office	DATE OF INSPECTION 07/15/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 208 W Coler Street, Neosho, MO 64850		TIME OF INSPECTION 9:53 am

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, Inc. LOT # 23390 EXP. DATE 10/17/2025 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN DR 6930 SIM. NIST EXP DATE 07/24/2024 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 .103

TEST 2 .102

TEST 3 .102

 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)

1

(.10-.14)

(.15-.19)

(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

Taylor Lombard

TYPE II PERMIT NUMBER/EXPIRATION DATE

230169 08/08/2025

TELEPHONE NUMBER

(417) 451-8300

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: 119729
Version no: 532C

TEST RECORD 00137

Temp Date Time 210L^{9/}

Air Blank:
07/15/24 09:48 .000
Calibration Check:
20 07/15/24 09:48 .103

Subject Name

Test

Subject I.D.

Test 1

Operator Name, I.D.

230169 Taylor Lombard

Location

208 W Coler St.

Neosho, MO 64850

AS IV Serial no: 119729
Version no: 532C

TEST RECORD 00138

Temp Date Time 210L^{9/}

Air Blank:
07/15/24 09:51 .000
Calibration Check:
21 07/15/24 09:51 .102

Subject Name

Test

Subject I.D.

Test 2

Operator Name, I.D.

Taylor Lombard 230169

Location

208 W Coler St

Neosho, MO 64850

AS IV Serial no: 119729
Version no: 532C

TEST RECORD 00139

Temp Date Time 210L^{9/}

Air Blank:
07/15/24 09:54 .000
Calibration Check:
22 07/15/24 09:54 .102

Subject Name

Test

Subject I.D.

Test 3

Operator Name, I.D.

Taylor Lombard 230169

Location

208 W Coler St

Neosho, MO 64850

AS IV Serial no: 119729
Version no: 532C

TEST RECORD 00140

Temp Date Time 210L^{9/}

VOID: RFI
12 07/15/24 09:59

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

Taylor Lombard 230169

Location

208 W Coler St

Neosho, MO 64850



GUTH LABORATORIES, INC.

690 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.



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: DR6930 **Manufacturer:** Guth
Model Number: 2100
Agency: NEWTON CO SD
Agency Address: 208 W COLER ST, NEOSHO, MO 64850

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	34.03	.06

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/24/2023
Certification Expiration: 7/24/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: DR6930_7242023

X *Brianna Medrano*

DHSS BAP Scientist Approving



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
TAYLOR LOMBARD

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 8/8/2023

NUMBER 230169

EXPIRES 8/8/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 LOMBARD, TAYLOR
Permit No 230169
Date Issued 8/8/2023 **Date Expires** 8/8/2025

