



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 8:36 am, Jun 10, 2024

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<br><u>120501</u> | NAME OF AGENCY<br>DOI-National Park Service | DATE OF INSPECTION<br><u>6/9/2024</u> |
|------------------------------------|---------------------------------------------|---------------------------------------|

|                                                                                                    |                                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>Akers Ranger Station-Intersection of Highways K and KK | TIME OF INSPECTION<br><u>1650</u> |
|----------------------------------------------------------------------------------------------------|-----------------------------------|

**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>23180</u> EXP. DATE <u>05/17/2025</u>                    |                                                         |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP7615</u> SIM. NIST EXP DATE <u>10/18/2024</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 • <u>.098</u> | TEST 2 • <u>.098</u> | TEST 3 • <u>.098</u> |
|----------------------|----------------------|----------------------|

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) |
|----------|---------|-----------|-----------|-----------|------------|

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).

|                                                            |                                    |
|------------------------------------------------------------|------------------------------------|
| <b>INSPECTING OFFICER</b>                                  |                                    |
| SIGNATURE<br><u>Zachary Swindle</u>                        | PRINT NAME<br>Zachary Swindle      |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>230181 08/17/2025 | TELEPHONE NUMBER<br>(573) 351-9645 |

**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: 120501  
Version no: 532C

TEST RECORD 00043

Temp Date Time 210L g/

Air Blank: 06/09/24 16:51 .000  
Calibration Check: 20 06/09/24 16:51 .098

Subject Name

Z. Swindle

Subject I.D.

230181 8/17/25

Operator Name, I.D.

AKERS RAMSEY STATION

Location

HWY K + KK

INTERSECTION

AS IV Serial no: 120501  
Version no: 532C

TEST RECORD 00044

Temp Date Time 210L g/

Air Blank: 06/09/24 16:52 .000  
Calibration Check: 21 06/09/24 16:52 .098

Subject Name

Z. Swindle

Subject I.D.

230181 8/17/25

Operator Name, I.D.

AKERS RAMSEY STATION

Location

HWY K + KK

INTERSECTION

AS IV Serial no: 120501  
Version no: 532C

TEST RECORD 00045

Temp Date Time 210L g/

Air Blank: 06/09/24 16:53 .000  
Calibration Check: 21 06/09/24 16:53 .098

Subject Name

Z. Swindle

Subject I.D.

230181 8/17/25

Operator Name, I.D.

AKERS RANGER STATION

Location

HWY K + KK

INTERSECTION

AS IV Serial no: 120501  
Version no: 532C

TEST RECORD 00046

Temp Date Time 210L g/

VOID: RF  
12 06/09/24 16:55

Subject Name

Z. Swindle

Subject I.D.

230181 8/17/25

Operator Name, I.D.

AKERS RANGER STATION

Location

HWY K + KK

INTERSECTION



Paula Nickelson  
Acting Director

Michael L. Parson  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP7615      Manufacturer: Guth  
Model Number: 12V500  
Agency: NATIONAL PARK SERVICE  
Agency Address: 404 WATERCROSS, VAN BUREN, MO 63965

## NIST THERMOMETER INFORMATION

Serial Number: 19BMM01308      Bias: 0.00  
Uncertainty: 0.02  
Date of Certification: 4/20/2023      Date of Expiration: 4/20/2024

## 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: 10/18/2023  
Certification Expiration: 10/18/2024  
Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER

Certification No: MP7615\_10182023

**X** *Brian Lutmer*

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 **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 17, 2025** at 11:59 PM.

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 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 FN11172002 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**  
**ZACHARY SWINDLE**

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, INTOX DMT**

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 8/17/2023

NUMBER 230181

EXPIRES 8/17/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nielson*

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** SWINDLE, ZACHARY  
**Permit No** 230181  
**Date Issued** 8/17/2023 **Date Expires** 8/17/2025

