

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

· ·			<i>RECE</i>	IVED			
Complete this report in duplicate at the time of t Send copy to Department of Health and Senior S	the regular monthly p Services; retain origir	reventative maintena nal in department file.	ince ch By Trac	y Crews a	t 10:51 am, May 10, 2024		
ALCO SENSOR IV SN	NAME OF AGENCY DOI-National Par	k Service		DATE OF INSPECTION 5/9/2024			
OCATION OF INSTRUMENT (STREET AND CITY) Akers Ranger Station-Intersection of Highw		3	1 1/1	SPECTION			
CHECKLIST: Place a mark in the box by each ite where determined.) Unmarked items must be co	m if found to be satisf		within establishe	1/	Write in observed values		
✓ DIGITAL READOUT (ALL ELEMENTS OPE		mod different					
✓ TEMPERATURE OF ALCO SENSOR (10°C	- 40°C)			 			
PRINTER WORKING PROPERLY							
✓ TIME AND DATE DISPLAYING PROPERLY	/				The state of the s		
BREATH ALCOHOL ACCURACY STANDARDS	8						
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER Guth Laboratorie	s L	OT # 23180	EXP. DATE	05/17/20	25		
SIMULATOR TEMPERATURE (34°C ± 0.2°	c) <u>34.00</u> sin	M. SNMP761	5 SIM. N	IST EXP	DATE 10/18/2024		
less. Check the box corresponding to the sta 0.100% STANDARD - MUST READ BE 0.080% STANDARD - MUST READ BE 0.040% STANDARD - MUST READ BE	ETWEEN 0.095% and ETWEEN 0.076% and	d 0.105% INCLUSIVE d 0.084% INCLUSIVE	· ·				
TEST 1 - 100	ST 2 - 100						
RFI DETECTOR OPERATING							
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		G RANGES SINCE 1	THE LAST MAIN	ITENANC	E REPORT:		
REFUSALS (004)	.0509)	(.1014)	(.1519)	((OVER .19)		
List any new parts and describe any alteration established limits (use other side if necessary).	or modification that v	vas made to restore	the instrument to	o operate	satisfactorily and within		
INSPECTING OFFICER SIGNATURE		PRINT NAME					
bet I she		Zachary Swindle					
TYPE II PERMIT NUMBER/EXPIRATION DATE 230181 08/17/2025		TELEPHONE NUMBER (573) 351-9645					
Return completed report to the: Breath Alco	hol Program, MO Dei	partment of Health ar	nd Senior Service	es South	east District Office		

by mail, fax, or email.

AS 1V Serial no: 120502	Version no: 532C	TEST RECORD 00043	Temp Date Time 210L		VOID: KF1 12 05/09/24 11:28	Name Name	74.7 Sub-blu	Subject 1.D.	23018/ 8/17/25	Operator Name, 1.D.	AKERS RANGER STAPLES	Location	Huy K or KK		INTELSECTION				
·			AS IV Serial no: 120502	37777	TEST RECORD 00042	Temp Date Time 2101	Air Blank:	05/09/24 11:27 .000	19 05/09/24 11:27 .099	Subject Name	Tick Suille	Subject 1.D.	230181 8/17/25	Operator Name, I.D.	ARGES RANGE SOATION	Locat Ion	AWY KOKE		118500000
_				AS IV Serial no: 120502		TEST RECORD 00041	Temp Date Time 210L	Alr Blank:	05/09/24 11:26 .000	19 05/09/24 11:26 .100	Subject Name	Slow S. May	Subject 1.D.	544/2 181052	Operator Name, I.D.	DKESS RANGE SONTON	Locat ion	Awn K + KK	
	x	AS IV Serial no: 120502	velsion no: 532C	LESI RECORD 00040	Temp Date Time 210L	Air Blank:	05/09/24 11:24 .000	18 05/09/24 11:24 .100	Subject Name	The Swholl	Subject 1.D.	230181 8/17/25	Operator Name, I.D.	NKERS PANCER SCAPED	Locat ion	BWY K & KK	The state of the s	INTERSESSON	



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.



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



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

4/20/2023

Date of Certification:

Date of Expiration:

4/20/2024

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

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

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP

Revision Date: 06/25/2022

Breath Alcohol Program 1903 Northwood Drive, Suite 4

Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 2

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



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.

DATE8/17/2023	110001100
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230181	Datrio
EXPIRES 8/17/2025	Davla J. Nichelson
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

Permit No 230181

