



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 097417	NAME OF AGENCY Warrenton Police Department	DATE OF INSPECTION 01/21/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick Road Warrenton, Missouri 63383		TIME OF INSPECTION 3:16 pm

**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) 33.99 SIM. SN MP3585 SIM. NIST EXP DATE 01/30/2025

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 <input checked="" type="checkbox"/> .098	TEST 2 <input checked="" type="checkbox"/> .099	TEST 3 <input checked="" type="checkbox"/> .099
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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	(0-.04)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

N/A

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Det. James R. Plackemeier, DSN 224
TYPE II PERMIT NUMBER/EXPIRATION DATE 230326 / 12/21/2025	TELEPHONE NUMBER (636) 456-3535

**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: 097417  
Version no: 532B

TEST RECORD 00841

Temp Date Time 210L

Air Blank: 01/21/25 15:23  
Calibration Check: 12 01/21/25 15:23

Subject Name

Maint Check

Subject I.D.

RPF Test 4

Operator Name, I.D.

Plackemeter, 230326

Location

Warrenton PD

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00840

Temp Date Time 210L

Air Blank: 01/21/25 15:21 .000  
Calibration Check: 25 01/21/25 15:21 .099

Subject Name

Maint Check

Subject I.D.

Test 3

Operator Name, I.D.

Plackemeter 230326

Location

Warrenton PD

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00839

Temp Date Time 210L

Air Blank: 01/21/25 15:18 .000  
Calibration Check: 24 01/21/25 15:18 .099

Subject Name

Maint Check

Subject I.D.

Test 2

Operator Name, I.D.

Plackemeter, 230326

Location

Warrenton PD

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00838

Temp Date Time 210L

Air Blank: 01/21/25 15:16 .000  
Calibration Check: 23 01/21/25 15:16 .098

Subject Name

Maint Check

Subject I.D.

Test 1

Operator Name, I.D.

Plackemeter, 230326

Location

Warrenton PD



**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:** MP3585      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** WARRENTON PD  
**Agency Address:** 200 W BOONESLICK ROAD., WARRENTON, MO 63383

## 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	34.01	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 1/30/2024  
**Certification Expiration:** 1/30/2025  
**Simulator testing technician:** R. SCHILDKNECHT

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO  
**Certification No:** MP3585\_1302024

**X**

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**  
**JAMES PLACKEMEIER**

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 12/21/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230326

*Paula E. Nickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 12/21/2025

MO 580-0771 (6-10)

LAB-4 (P6-10)



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 PLACKEMEIER, JAMES  
Permit No 230326  
Date Issued 12/21/2023 Date Expires 12/21/2025

