



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

RECEIVED
 By Tracy Crews at 10:55 am, Jan 13, 2025

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 108270	NAME OF AGENCY Holden Police Department	DATE OF INSPECTION 01/09/2025
LOCATION OF INSTRUMENT (STREET AND CITY) 110 W. 3rd St. Holden		TIME OF INSPECTION 6:04 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 LOT # 24310 EXP. DATE 08/27/2026
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN sd2231 SIM. NIST EXP DATE 11/18/2025
- 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 .100	TEST 2 .101	TEST 3 .100
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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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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).

Time adjusted. instrument working correctly withuin department of health standards.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Liam LaPierre
TYPE II PERMIT NUMBER/EXPIRATION DATE 240226 / 10/29/2026	TELEPHONE NUMBER (816) 850-4154

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: 108270
Version no: 532B

TEST RECORD 00864

Temp Date Time 210L

Air Blank:
01/09/25 18:04 .000
Calibration Check:
22 01/09/25 18:04 .000
Monthly Maint
Subject Name

Blank Standard
Subject I.D.

L. LaPierre 240226
Operator Name, I.D.

110 W. 3rd St. Holden
Location

MO 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00865

Temp Date Time 210L

Air Blank:
01/09/25 18:08 .000
Calibration Check:
22 01/09/25 18:08 .100
Monthly Maint
Subject Name

Test # 1
Subject I.D.

L. LaPierre 240226
Operator Name, I.D.

110 W. 3rd St.
Location

Holden MO 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00866

Temp Date Time 210L

Air Blank:
01/09/25 18:10 .000
Calibration Check:
23 01/09/25 18:10 .101
Monthly Maint
Subject Name

Test # 2
Subject I.D.

L. LaPierre 240226
Operator Name, I.D.

110 W. 3rd St. Holden
Location

MO, 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00867

Temp Date Time 210L

Air Blank:
01/09/25 18:12 .000
Calibration Check:
24 01/09/25 18:12 .100
Monthly Maint
Subject Name

Test # 3
Subject I.D.

L. LaPierre 240226
Operator Name, I.D.

110 W. 3rd St.
Location

Holden, MO 64040

Holden PD

AS IV Serial no: 108270
Version no: 532B

TEST RECORD 00868

Temp Date Time 210L

VOID: RFI
12 01/09/25 18:14
Monthly Maint
Subject Name

RFI check
Subject I.D.

L. LaPierre 240226
Operator Name, I.D.

110 W. 3rd St.
Location

Holden, MO 64040

Holden PD



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 **24310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 28, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 27, 2026** 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
Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3572 Manufacturer: Guth
Model Number: 12V500
Agency: HOLDEN PD
Agency Address: 110 W 3RD ST., HOLDEN, MO 64040

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 10/21/2024 Date of Expiration: 10/21/2025

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (34.00), NIST Average (34.00), Combined Uncertainty (.02)

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 11/18/2024
Certification Expiration: 11/18/2025
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP3572_11182024

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



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



PERMIT
TYPE II
LIAM LaPIERRE

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 10/29/2024

NUMBER 240226

EXPIRES 10/29/2026

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 LaPIERRE, LIAM
Permit No 240226
Date Issued 10/29/2024 **Date Expires** 10/29/2026

