



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

RECEIVED
 By Tracy Crews at 1:43 pm, Feb 28, 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 111328	NAME OF AGENCY Knob Noster PD	DATE OF INSPECTION 02/26/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) 201 N. State St. Knob Noster	TIME OF INSPECTION 1:00 pm
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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>24110</u> EXP. DATE <u>03/05/2026</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>SD2231</u> SIM. NIST EXP DATE <u>10/21/2025</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 <input checked="" type="checkbox"/> .101	TEST 2 <input checked="" type="checkbox"/> .098	TEST 3 <input checked="" type="checkbox"/> .098
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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)	0	(.05-.09)	0	(.10-.14)	0	(.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).
 Instrument working correctly within Dept. of Health Standards.

INSPECTING OFFICER	
SIGNATURE <i>Karl Van Vickle</i> #405	PRINT NAME Karl Van Vickle
TYPE II PERMIT NUMBER/EXPIRATION DATE 240175 / 08-16-2026	TELEPHONE NUMBER (660) 563-2233

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: 111328
Version no: 532B

TEST RECORD 00846

Temp Date Time 210L

Air Blank:
02/26/25 12:51 .000

Calibration Check:
21 02/26/25 12:51 .000

Monthly Maint
Subject Name

Blank Standard
Subject I.D.

K. VanVickle 240175
Operator Name, I.D.

201 N. State St.
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00847

Temp Date Time 210L

VOID: RFI
12 02/26/25 12:52

Monthly Maint
Subject Name

RFI check
Subject I.D.

K. VanVickle 240175
Operator Name, I.D.

201 N. State St.
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00848

Temp Date Time 210L

Air Blank:
02/26/25 12:54 .000

Calibration Check:
21 02/26/25 12:54 .101

Monthly Maint
Subject Name

TEST #1
Subject I.D.

K. VanVickle 240175
Operator Name, I.D.

201 N. State St.
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00849

Temp Date Time 210L

Air Blank:
02/26/25 12:55 .000

Calibration Check:
22 02/26/25 12:55 .098

Monthly Maint
Subject Name

TEST #2
Subject I.D.

K. VanVickle 240175
Operator Name, I.D.

201 N. State St.
Location

Knob Noster, MO 65336

Knob Noster PD

AS IV Serial no: 111328
Version no: 532B

TEST RECORD 00850

Temp Date Time 210L

Air Blank:
02/26/25 12:57 .000

Calibration Check:
22 02/26/25 12:57 .098

Monthly Maint
Subject Name

TEST #3
Subject I.D.

K. VanVickle 240175
Operator Name, I.D.

201 N. State St.
Location

Knob Noster, MO 65336

Knob Noster 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
 Director

Michael L. Parsons
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2231 Manufacturer: Guth
 Model Number: 10-4D
 Agency: KNOB NOSTER PD
 Agency Address: 201 N STATE, KNOB NOSTER, MO 65336

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

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	34.02	.04

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:

Certification No: SD2231_11182024

X *Brianna Mehra*

DHSS BAP Scientist Approving



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **24110** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 6, 2024**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 5, 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.

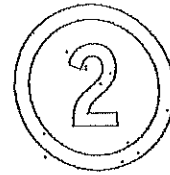
NIST Traceability:

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.



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



**PERMIT
 TYPE II**

KARL E. VANVICKLE

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 8/16/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 240175

Paula T. Johnson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/16/2026

MO 580-0771 (6-10)

LAB-4 (RB-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 VANVICKLE, KARL
 Permit No 240175
 Date Issued 8/16/2024 Date Expires 8/16/2026

