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By Tracy Crews at 8:45 am, Jan 30, 2025



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 <u>111642</u>	NAME OF AGENCY <u>Campbell Police Department</u>	DATE OF INSPECTION <u>01-30-2025</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>204 Grand Ave Campbell, Mo 63933</u>		TIME OF INSPECTION <u>06:07</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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth</u>	LOT # <u>24110</u>	EXP. DATE <u>03-05-2026</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34°C</u>	SIM. SN <u>SD1743</u>	SIM. NIST EXP DATE <u>12-19-2024</u>
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- 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>.09%</u>	TEST 2 <u>.097</u>	TEST 3 <u>.097</u>
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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 <input type="checkbox"/>	(0-.04) <input type="checkbox"/>	(.05-.09) <input type="checkbox"/>	(.10-.14) <input type="checkbox"/>	(.15-.19) <input type="checkbox"/>	(OVER .19) <input type="checkbox"/>
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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).

INSPECTING OFFICER	
SIGNATURE <u>Jerry Don Hargraves</u>	PRINT NAME <u>Jerry Don Hargraves</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230319 / 12-21-2025</u>	TELEPHONE NUMBER <u>(573) 217-9122</u>

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: 111642
Version no: 532B

TEST RECORD 00620

Temp Date Time ^{9/} 210L

Air Blank:
01/30/25 06:16 .000
Subject Test: Man
19 01/30/25 06:16 .098

Subject Name

test #1

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking room

AS IV Serial no: 111642
Version no: 532B

TEST RECORD 00621

Temp Date Time ^{9/} 210L

Air Blank:
01/30/25 06:17 .000
Subject Test: Man
20 01/30/25 06:17 .097

Subject Name

test #2

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking room

AS IV Serial no: 111642
Version no: 532B

TEST RECORD 00622

Temp Date Time ^{9/} 210L

Air Blank:
01/30/25 06:18 .000
Subject Test: Man
20 01/30/25 06:18 .097

Subject Name

test #3

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking room

AS IV Serial no: 111642
Version no: 532B

TEST RECORD 00623

Temp Date Time ^{9/} 210L

VOID: RFI
12 01/30/25 06:20

Subject Name

test #4 RFI

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking room



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD1743 Manufacturer: Guth
Model Number: 10-4D
Agency: CAMPBELL PD
Agency Address: 204 W GRAND, CAMPBELL, MO 63933

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

Simulator Average NIST Average Combined Uncertainty
34.00 34.03 .06

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 12/19/2023
Certification Expiration: 12/19/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: SD1743_12192023

X Brianna Medrano (signature)

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 **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

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PERMIT
TYPE II
JERRY HARGRAVES

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

NUMBER 230319

EXPIRES 12/21/2025

Mike Morrison

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Doreen J. Nielson

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 HARGRAVES, JERRY
 Permit No 230319
 Date Issued 12/21/2023 Date Expires 12/21/2025

