



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>03-30-2025</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>204 Grand Ave Campbell, Mo 63933</u>		TIME OF INSPECTION <u>10:00</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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth LOT # 24110 EXP. DATE 03-05-2026

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIM. SN 24110 SIM. NIST EXP DATE 2-21-26

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>.098</u>	TEST 2 <u>.098</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 (0-.04) (.05-.09) (.10-.14) (.15-.19) (OVER .19)

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).

Set time for time change.
Accuracy check performed

INSPECTING OFFICER	
SIGNATURE <u>Jerry D Hargraves</u>	PRINT NAME <u>Jerry D. Hargraves</u>
TYPE II PERM 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 00635

Temp Date Time ^{9/} 210L

Air Blank:
03/30/25 10:00 .000
Subject Test: Man
23 03/30/25 10:00 .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 00636

Temp Date Time ^{9/} 210L

Air Blank:
03/30/25 10:02 .000
Subject Test: Man
24 03/30/25 10:02 .098

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 00637

Temp Date Time ^{9/} 210L

Air Blank:
03/30/25 10:03 .000
Subject Test: Man
24 03/30/25 10:03 .097

Subject Name

test #

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 00638

Temp Date Time ^{9/} 210L

VOID: RFI
12 03/30/25 10:05

Subject Name

test #4 RFI

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 00639

Temp Date Time ^{9/} 210L

Air Blank:
03/30/25 10:20 .000
Calibration Check:
23 03/30/25 10:20 .099

Subject Name

test #5 Accuracy check

Subject I.D.

Jerry Hargraves 230319
Operator Name, I.D.

Campbell Police Dept
Location

Booking Room



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 Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daniel J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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

