



**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 <i>120499</i>	NAME OF AGENCY DOI-National Park Service	DATE OF INSPECTION <i>3/8/2025</i>
LOCATION OF INSTRUMENT (STREET AND CITY) 8928 State Highway 19, Winona, Missouri 65588		TIME OF INSPECTION <i>11:02</i>

**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) *14°*
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories LOT # 23180 EXP. DATE 05/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) *34.00* SIM. SN MP7615 SIM. NIST EXP DATE 10/24/2025

- 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 • <i>.098</i>	TEST 2 • <i>.097</i>	TEST 3 • <i>.095</i>
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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)
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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 <i>Zachary Swindle</i>	PRINT NAME Zachary Swindle
TYPE II PERMIT NUMBER/EXPIRATION DATE 230181 08/17/2025	TELEPHONE NUMBER (573) 351-9645

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

TEST Series No. 120400  
Version no: 5320

TEST RECORD 00100  
Temp Date Time 9/  
21/04

Air Blank  
03/08/25 11:00 000  
Callibration Check:  
14 03/08/25 11:00 000

Subject Name

Zoeck Swidde

Subject I.D.

230181 8/17/25

Operator Name, I.D.

WINONA RANOSER STORTEN

Location

8925 STATE HWY 19

WINONA MN 55588

TEST Series No. 120400  
Version no: 5320

TEST RECORD 00100  
Temp Date Time 9/  
21/04

Air Blank  
03/08/25 11:00 000  
Callibration Check:  
14 03/08/25 11:00 000

Subject Name

Zoeck Swidde

Subject I.D.

230181 8/17/25

Operator Name, I.D.

WINONA RANOSER STORTEN

Location

8925 STATE HWY 19

WINONA MN 55588

TEST Series No. 120400  
Version no: 5320

TEST RECORD 00100  
Temp Date Time 9/  
21/04

Air Blank  
03/08/25 11:04 000  
Callibration Check:  
14 03/08/25 11:04 000

Subject Name

Zoeck Swidde

Subject I.D.

230181 8/17/25

Operator Name, I.D.

WINONA RANOSER STORTEN

Location

8925 STATE HWY 19

WINONA MN 55588

TEST Series No. 120400  
Version no: 5320

TEST RECORD 00100  
Temp Date Time 9/  
21/04

VOID: RFI  
12 03/08/25 11:06

Subject Name

Zoeck Swidde

Subject I.D.

230181 8/17/25

Operator Name, I.D.

WINONA RANOSER STORTEN

Location

8925 STATE HWY 19

WINONA MN 55588



Paula Nickelson
Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP7615 Manufacturer: Guth
Model Number: 12V500
Agency: NATIONAL PARK SERVICE
Agency Address: 404 WATERCROSS, VAN BUREN, MO 63965

NIST THERMOMETER INFORMATION

Serial Number: 20KMM02022 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 8/15/2024 Date of Expiration: 8/15/2025

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (33.99), NIST Average (34.00), Combined Uncertainty (.03)

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 10/24/2024
Certification Expiration: 10/24/2025
Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP7615\_10242024

X Brianna Medrano (signature)

DHSS BAP Scientist Approving



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 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 FN11172002 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**  
**ZACHARY SWINDLE**

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, INTOX DMT**

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 8/17/2023

NUMBER 230181

EXPIRES 8/17/2025

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Doreen 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 SWINDLE, ZACHARY  
Permit No 230181  
Date Issued 8/17/2023 Date Expires 8/17/2025

