

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 7:44 am, Mar 10, 2025

REPORT #7

Complete this report in d Send copy to Departmen	uplicate at the time t of Health and Ser	of the regular monthly nior Services; retain orig	preventative mainter inal in department file	ance check, and where	never instrument is repaired.			
ALCO SENSOR IV SN	j'r.	NAME OF AGENCY			DF INSPECTION			
LOCATION OF INSTRUMENT (507	DOI-National Pa	ark Service		8/2025			
8928 State Highway 1		uri 65588		80270037000, 300	FINSPECTION			
CHECKLIST: Place a ma where determined.) Unma					ts. (Write in observed values			
DIGITAL READOUT	(ALL ELEMENTS (OPERATIONAL)						
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) /8°								
✓ PRINTER WORKING PROPERLY								
TIME AND DATE DIS	SPLAYING PROPE	RLY						
BREATH ALCOHOL AC	CURACY STANDA	RDS						
SIMULATOR SOLUT	TON		☐ COMPRESSE	ED ETHANOL-GAS MIX	KTURE			
☑ STANDARD SUPPLI	ER Guth Laborat	ories I	_OT # <u>23180</u>	EXP. DATE 05/17	7/2025			
SIMULATOR TEMPE	ERATURE (34°C ± 0	0.2°C) 34.00 s	M. SNMP761	5 SIM. NIST EXP DATE 10/24/2025				
less. Check the box of 0.100% STAND/	orresponding to the ARD - MUST READ ARD - MUST READ	e standard solution being D BETWEEN 0.095% ar D BETWEEN 0.076% ar D BETWEEN 0.038% ar	g used. (PRINTOUT / ld 0.105% INCLUSIV ld 0.084% INCLUSIV	ATTACHED) E E	st have a spread of .005 or			
TEST 1 • ,099		TEST 2 - , 098		TEST 3 - , 098				
RFI DETECTOR OPE	ERATING							
INDICATE THE NUMBER (DO NOT INCLUDE SEL			IG RANGES SINCE	THE LAST MAINTENA	ANCE REPORT:			
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)			
List any new parts and d established limits (use oth			was made to restore	the instrument to open	rate satisfactorily and within			
INSPECTING OFFICER			9 4 San (1986)	2700 V 371 T 350				
SIGNATURE Jack	Ale		PRINT NAME Zachary Swindle					
TYPE II PERMIT NUMBER/EXPIRATI 230181 08/17/2025	ON DATE		TELEPHONE NUMBER (573) 351-9645					
230 10 1 00/11/2023				(3/3/331-3043				
Return completed repor		llcohol Program, MO De fax, or email.	partment of Health a	nd Senior Services, Sc	outheast District Office			

120502 Temp D	\ <u>0</u> 9		230/8/)		WINDAIN
AS IV Serial no: 1205 Version no: 532C TEST RECORD 00127	Temp Date Time Air Blank: 03/08/25 10.55	1	Subject 1.D.	23081 8/17/25 Operator Name, 1.D.	Location SP18 Space HWY 19

AS TV Serial no: 120502 Version no: 532C	TEST RECORD 00128	Temp Date Time 2101	Air Blank: 03/08/25 10:58 ,000 Calibration Check:	19 03/08/25 10:58 .098	Subject Name	Subject 1.D.,	230/8/ 8-17/25	1	Locat ion	8725 STATE HANY 19	windred was \$558	The state of the s
								v			~	

AS IV Serial no: 120502 Version no: 532C	TEST RECORD 00130	Temp Date Time 210L	VOID: RF1 12 03/08/25 11:00	Subject Name	Subject 1.D.	236/8/ 8/77/25	WINDOWA RANGER STAVEN	Locat I on	61 had sixes stass	winad no 6538	
AS IV Serial no: 120502 Version no: 5320	TEST RECORD 00129	Temp Date Time 210L	Air Blank: 03/08/25 10:59 .000	Calibration Check: 19 03/08/25 10:59 .098	Subject Name	Tack Subside Subject 1.D.	236/8/ 8/17/25	Operator Name, 1.D.	WINDAW RAMMED STAITSON	61 had some stops	current me 25589

58559 WW \$2589



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. 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

Simulator Average

NIST Average

Combined Uncertainty

33.99

34.00

.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:

Briene Mahron

BRIANNA MEDRANO

Certification No:

MP7615 10242024

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP

Revision Date: 06/25/2022

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 2

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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°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 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**



PERMIT TYPE II

ZACHARY SWINDLE

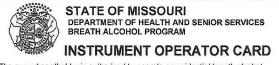
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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. MI IN

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DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10

LAB-4 (R6-10)



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

