



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

**RECEIVED**  
 By Carol Day at 3:42 pm, Aug 02, 2016

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 097417 - St. Louis County PD	PRINTER SN 096.3580.863	DATE OF INSPECTION 07/28/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) Wildwood Precinct - 16860 Main Street, Wildwood, MO 63040	TIME OF INSPECTION 11:25AM
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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) 30°C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories LOT # 14220 EXP. DATE 09/24/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD3135 SIMULATOR EXP DATE 04/25/2017

- 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>.101</u>	TEST 2 <u>.100</u>	TEST 3 <u>.100</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) <u>0</u>	(.05-.09) <u>0</u>	(.10-.14) <u>0</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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).

*RESET DATE & TIME  
 MAINTENANCE CONDUCTED @ 1266 SUTTER AVE., CMPA*

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>P.O. Brown 3770</i>	PRINT NAME Officer Nikki D. Brown, DSN 3770
TYPE II PERMIT NUMBER/EXPIRATION DATE 260215 05/03/2018	TELEPHONE NUMBER (314) 889-8600

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Boulevard  
 Poplar Bluff, MO 63901

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00102

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
07/28/16 11:25 .000  
Calibration Check:  
29 07/28/16 11:25 .101

Subject Name

Subject I.D.

*P.O. Brown 3710*

Operator Name, I.D.

*P.O. Brown 3710*

Location

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00104

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
07/28/16 11:28 .000  
Calibration Check:  
30 07/28/16 11:28 .100

Subject Name

Subject I.D.

*P.O. Brown 3710*

Operator Name, I.D.

*P.O. Brown 3710*

Location

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00105

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
07/28/16 11:30 .000  
Calibration Check:  
30 07/28/16 11:30 .100

Subject Name

Subject I.D.

*P.O. Brown 3710*

Operator Name, I.D.

*P.O. Brown 3710*

Location

AS IV Serial no: 097417

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00109

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 07/28/16 11:39

Subject Name

Subject I.D.

*P.O. Brown 3710*

Operator Name, I.D.

*P.O. Brown 3710*

Location



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  
 Peter Lyskowski  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: SD3135      Manufacturer: Guth  
 Model Number: 10-4D  
 Agency: ST LOUIS CO PD  
 Agency Address: 7900 FORSYTH BLVD., CLAYTON, MO 63105

## NIST THERMOMETER INFORMATION

Serial Number: 093752      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 9/8/2015      Date of Expiration: 9/8/2016

## 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	0.05

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 4/25/2016  
 Certification Expiration: 4/25/2017  
 Simulator testing technician: R WELSH

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE  
 Certification No: SD3135\_4252016

X

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 **14220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 25, 2014**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 24, 2016** 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 FN08051301 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**

**NIKKI D BROWN**

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 5/3/2016

NUMBER 260215

EXPIRES 5/3/2018

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES