

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

The second						······		
Complete this report in du Send copy to Department					wheneve	er instrument is	repaired.	
ALCO SENSOR IV SN 100291			NAME OF AGENCY Willow Springs Police Department		DATE OF INSPECTION 04/11/2022			
OCATION OF INSTRUMENT (S 700 W Main Street, Wil				7	TIME OF INSPECTION 7:29 am			
CHECKLIST: Place a mar where determined.) Unma				ng within establishe	d limits. (	(Write in observ	ed values	
☑ 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 Laboratories LOT # 21080 EXP. DATE 03/08/2023								
SIMULATOR TEMPE	RATURE (34°C ± 0	0.2°C) <u>33.99</u> S	IM. SNMP55	539 SIM. N	IST EXP	DATE 10/13/2	2022	
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 🖝 .102		TEST 2 .102		TEST 3 🖝 .102	TEST 3 🖝 .102			
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	(004) 0	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	0	
List any new parts and destablished limits (use oth Reset Time for DST			was made to restor	e the instrument to	o operate	e satisfactorily a	and within	
INSPECTING OFFICER				V				
SIGNATURE	l'im			PRINT NAME Wes Ellison				
TYPE II PERMIT NUMBER/EXPIRATI #210025 Exp 02/20/20		AND THE PROPERTY OF THE PROPER	TELEPHONE NUMBER (417) 469-3158					
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.								



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM** 



# PERMIT TYPE II

## WES ELLISON

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	2/20/2021	want				
DAIL		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER	210025					
EXPIRES	2/20/2023	fifthe sections				
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				

MO 690-0771 (6-10)

LAB-4 (R5-10)



#### 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

ELLISON, WES Operator Permit No 210025

Date Expires 2/20/2023 Date Issued 2/20/2021





#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 10, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 8, 2023 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 FN03052002 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.



#### 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

Director



Governor

## SIMULATOR CERTIFICATION REPORT

#### SIMULATOR INFORMATION

Simulator Serial Number: MP5539

Manufacturer: Guth

Model Number:

12V500

Agency:

WILLOW SPRINGS PD

Agency Address: 700 W MAIN ST, PO BOX 190, WILLOW SPRINGS, MO 65793

#### NIST THERMOMETER INFORMATION

Serial Number:

17KMM00689

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

12/15/2020

Date of Expiration: 12/15/2021

#### 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:

10/13/2021

Certification Expiration:

10/13/2022

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

BRIANNA MEDRANO

Certification No:

MP5539\_10132021

**DHSS BAP Scientist Approving** 

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP

Revision Date: 05/16/2018

Breath Alcohol Program 1903 Northwood Drive, Suite 4

Poplar Bluff, MO 63901

DHSS BAP Document 3.6A

Revision 1

Page 1 of 1

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00633

Temp Date Time 210L

Air Blank: 04/11/22 07:29 .000 Calibration Check: 23 04/11/22 07:29 .102

Subject Name

TEST#1

Subject I.D.

ELLISON

Operator Name, I.D.

4210025

Location

WILLOW SPrings PD

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00634

Temp Date Time 210L

Air Blank: 04/11/22 07:34 .000 Calibration Check: 24 04/11/22 07:34 .102

Subject Name

TEST#2

Subject I.D.

ELLISON

Operator Name, I.D.

# 210025

Location

Willow SPrings PD

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00635

Temp Date Time 210L

Air Blank: 04/11/22 07:39 .000

Calibration Check: 25 04/11/22 07:39 .102

Subject Name

1951 #3

Subject I.D.

ELLISON

Operator Name: I.D.

#210025

Location

WILLOW SPFINGS PD

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00636

Temp Date Time 2101

VOID: RFI 12 04/11/22 07:42

Subject Name

Subject I.D.

ELLISON

Operator Name: I.D.

# 210025

Location

WILLOW Springs PD