

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

#7

		onthly preventative	!- •		and when		
Complete this report in duplicate at th Send copy to Department of Health ar	e time of the regular m id Senior Services; reta	in original In depa	e maintena rtment file.	ince check,	and Wite	never instrume	nt is repaire
ALCO SENSOR IV SN 03791	NAME OF AGE	NCY Department	ont		DATE (OF INSPECTION	-
LOCATION OF INSTRUMENT (STREET AND CI	TV)	a r olice Departir	ent	<u></u> ,		5/2023 OF INSPECTION	
415 Elm Grove Lane / Hazelwood CHECKLIST: Place a mark in the box b where determined.) Unmarked items m	y each item if found to h	o potinia de la como de			10.55		
where determined.) Unmarked items m	ust be corrected before	e satisfactory or it susing instrument	operating \	within establ	lished limi	ts. (Write in obs	served valu
DIGITAL READOUT (ALL ELEMEI			·				
TEMPERATURE OF ALCO SENS	OR (10°C - 40°C)						
PRINTER WORKING PROPERLY					- <u></u> -		
☑ TIME AND DATE DISPLAYING PR	OPERLY						
BREATH ALCOHOL ACCURACY STA							
☑ SIMULATOR SOLUTION		□ сом		ETILINA			·
STANDARD SUPPLIER Guth Lab	orotorio			ETHANOL-			
		LOT # 22080					
SIMULATOR TEMPERATURE (34°	C ± 0.2°C) 34.0	SIM. SN	MP6029	SIM.	NIST EX	(P DATE 07/1	1/2023
less. Check the box corresponding to 0.100% STANDARD - MUST R	iution. All three tests m the standard solution EAD BETWEEN 0.095	BE USED PER MA nust be within ±5% being used. (PRIN	AINTENAN of the sta	ICE REPOR	***************************************		
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AS IV Serial no: 030791 Version not 532B TEST RECORD 00868 9/ Time 2101 Temp Date Air Blank: 05/25/23 16:11 .000 Subject Test: Auto 25 05/25/23 16:11 ,000 Subject Name

TEST Subject I.D.

Operator

loçation

Black TEST

MONTHUS

AZELWOOD

Name:

BAT V

Subject Name
TEST # / State I.B. 05/25/23 16:85 Calibration Check: 21 05/25/23 16:85 AS IV Serial HILLIED BAT VAL TEST RECORD 90864 220234 162828 191 2191 Terre AS IV Serial Version not Subject I.B. Showing Name Calibration Check: 22 85/25/23 16:87 Deretor Names MIElmon BA LUND CHUE TEST RECORD 88865 TW Serial no: 030791 31 ank: 35/25/23 16:87 e jeni **#2** |---| |---| |---| |---| n Ind CSI toda 1617 Location ñir Blank: 05/25/23 16:09 Temp Operator Name, State of I.I. Subject Name Calibration Check: 23 05/25/23 16:09 ď) Version not Was say Coompath, Mo-nikuls IV Serial no: 836791 TEST RECORD B0866 Pjell 0 220234 . (3) . 998 2101 Operator Name, TOND Subject Name WOID: RFI 12 85/25/23 16:10 Version not 1 AZE WOOD mounte jund Sum Sum TEST RECORD 98867 (a) ¥

(Perator

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no: 030791 5328

2012



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2022, 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 7, 2024 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 Cerliftant 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: 578-751-6400 FAX: 578-751-6010 RELAY MISSOURI for Hearing and \$peech impaired 1-800-735-2966 Voice 1-800-735-2466



Paula Nickelson Acting Director

Michael L. Parson Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6029

Manufacturer: Guth

Model Number:

12V500

Agency

HAZELWOOD PD

Agency Address: 415 ELM GROVE LANE, HAZELWOOD, MO 63042

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Blas: 0.01

Uncertainty:

0.02

Date of Certification:

11/10/2021

Date of Expiration: 11/10/2022

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

<u>Simulator Average</u>

NIST Average

Combined Uncortainty

34.00

34,01

.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

7/11/2022

Certification Expiration:

7/11/2023

Simulator testing technician: M. BOND

Notes on Condition; none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP6029_7112022

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 Page 1 of 1



STATE OF MISSOURI

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



PERMIT TYPE II

MICHAEL A. MONTICELLI

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 EC/IR II

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.

DATE9/14/2022	Mile Wasan
NUMBER 220234	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
EXPIRES 9/14/2024	Daves I. Nichelson
//O 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

Operator MONTICELLI, MICHAEL Permit No 220234

Date Issued 9/14/2022 Date Expires 9/14/2024

