



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
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 030791	NAME OF AGENCY Hazelwood Police Department	DATE OF INSPECTION 11/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) HPD BAT VAN 415 Elm Grove Lane, Hazelwood, MO 63042		TIME OF INSPECTION 3:00 pm

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)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories LOT # 22430 EXP. DATE 11/30/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP6029 SIM. NIST EXP DATE 07/10/2024
- 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 ← .099	TEST 2 ← .100	TEST 3 ← .100
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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 	PRINT NAME P.O. Daniel Johnston DSN 507
TYPE II PERMIT NUMBER/EXPIRATION DATE 230242 10/31/2025	TELEPHONE NUMBER (314) 838-5000

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

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00933 s/
Temp Date Time 210L
Air Blank: 11/30/23 15:02 .000
Calibration Check: 24 11/30/23 15:02 .099

Subject Name
Test # 1
Subject I.D.

Operator Name, I.D.
PO P 507
Location 230242
HPD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00934 s/
Temp Date Time 210L
Air Blank: 11/30/23 15:04 .000
Calibration Check: 25 11/30/23 15:04 .100

Subject Name
Test # 2
Subject I.D.

Operator Name, I.D.
PO P 507
Location 230242
HPD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00935 s/
Temp Date Time 210L
Air Blank: 11/30/23 15:06 .000
Calibration Check: 25 11/30/23 15:06 .100

Subject Name
Test # 3
Subject I.D.

Operator Name, I.D.
PO P 507
Location 230242
HPD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00936 s/
Temp Date Time 210L
Air Blank: 11/30/23 15:07 .000
Subject Test: Auto 25 11/30/23 15:07 .000

Subject Name
Self Test
Subject I.D.

Operator Name, I.D.
PO P 507
Location 230242
HPD BAT VAN

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00937 s/
Temp Date Time 210L
VOID: RFI 12 11/30/23 15:09

Subject Name
RFI Test
Subject I.D.

Operator Name, I.D.
PO P 507
Location 230242
HPD BAT VAN



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
 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 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 10/24/2022 **Date of Expiration:** 10/24/2023

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	34.00	.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/10/2023
Certification Expiration: 7/10/2024
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP6029_7102023

X *Brianna Medrano*

DHSS BAP Scientist Approving



GUTH LABORATORIES, INC.

890 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 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 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 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.



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
DANIEL JOHNSTON

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.

DATE 10/31/2023

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230242

Paula F. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/31/2025

 **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 JOHNSTON, DANIEL
 Permit No 230242
 Date issued 10/31/2023 Date Expires 10/31/2025

