



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 107977	NAME OF AGENCY Excelsior Springs Police Department	DATE OF INSPECTION 03/02/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S Main St, Excelsior Springs, MO 64024		TIME OF INSPECTION 1344

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 LOT # 22310 EXP. DATE 08/11/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 C SIM. SN MP3564 SIM. NIST EXP DATE 06/09/2022

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 .100	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	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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 Brian K Kennedy
TYPE II PERMIT NUMBER/EXPIRATION DATE 210044 03/16/2023	TELEPHONE NUMBER 816-629-7108

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: 107977
Version no: 532B

TEST RECORD - REFPRINT

TEST RECORD 01211

Temp Date Time 210L %/

Air Blank: 03/02/23 14:00 .000

Calibration Check: 21 03/02/23 14:00 .100

Subject Name

Subject I.D. *SMULLER*

Operator Name, I.D.

KENNEDY 911

Location

ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01212

Temp Date Time 210L %/

Air Blank: 03/02/23 14:04 .000

Calibration Check: 22 03/02/23 14:04 .100

Subject Name

Subject I.D. *SMULLER*

Operator Name, I.D.

KENNEDY 911

Location

ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01213

Temp Date Time 210L %/

Air Blank: 03/02/23 14:05 .000

Calibration Check: 22 03/02/23 14:05 .100

Subject Name

Subject I.D. *SMULLER*

Operator Name, I.D.

KENNEDY 911

Location

ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01214

Temp Date Time 210L %/

U01D: RFI 12 03/02/23 14:08

Subject Name

Subject I.D. *SMULLER*

Operator Name, I.D.

KENNEDY 911

Location

ESPD



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: MP3564 **Manufacturer:** Guth
Model Number: 12V500
Agency: EXCELSIOR SPRINGS
Agency Address: 301 S MAIN, EXCELSIOR SPRINGS, MO 64024

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 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>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
33.99	34.00	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 6/16/2022
Certification Expiration: 6/16/2023
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP3564_6162022

X *Brianna Medrano*

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
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GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 2024** 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 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

2

**PERMIT
 TYPE II**

BRIAN K. KENNEDY

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

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 3/16/2021

NUMBER 210044

EXPIRES 3/16/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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.

Operator KENNEDY, BRIAN
Permit No 210044
Date Issued 3/16/2021 **Date Expires** 3/16/2023

