



**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 108392	PRINTER SN 099.3586.814	DATE OF INSPECTION 11/16/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 5490 5th St. Cottleville MO 63304		TIME OF INSPECTION 6:05 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 # 22310 EXP. DATE 08/11/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34C SIMULATOR SN MP4952 SIMULATOR EXP DATE 07/12/2024

- 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 ➔ .097	TEST 3 ➔ .097
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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)	0	(.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 Richard Phillips
TYPE II PERMIT NUMBER/EXPIRATION DATE 220110 04-14-2024	TELEPHONE NUMBER (636) 498-6464

**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: 108392  
Version no: 532B

TEST RECORD 00963

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

Air Blank:  
11/16/23 18:05 .000  
Calibration Check:  
22 11/16/23 18:05 .099

Subject Name

TEST 1

Subject I.D.

220110

Operator Name, I.D.

R. PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00964

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

Air Blank:  
11/16/23 18:07 .000  
Subject Test: Man  
23 11/16/23 18:07 .053

Subject Name ACCIDENTAL

MANUAL PRESS

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00965

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

Air Blank:  
11/16/23 18:08 .000  
Calibration Check:  
24 11/16/23 18:08 .097

Subject Name

TEST 2

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00966

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

Air Blank:  
11/16/23 18:10 .000  
Calibration Check:  
24 11/16/23 18:10 .097

Subject Name

TEST 3

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00967

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

VOID: RFI  
12 11/16/23 18:11

Subject Name

RFI TEST

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392  
Version no: 532B

TEST RECORD 00968

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

Air Blank:  
11/16/23 18:12 .000  
Subject Test: Auto  
26 11/16/23 18:12 .000

Subject Name

ZERO TEST

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-5470

**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.

## **FAX Cover Sheet**

**To: Missouri Public Health & Senior Services Department  
Attn: Brian Lutmer  
Fax: 573-840-9139**

**From: Ofc. Rick Phillips, Type II, Permit #220110, expires  
04/14/2024**

**Cottleville Police Department  
5490 5<sup>th</sup> Street, Cottleville, MO 63304  
Telephone: 636-498-6464  
Fax: 636-498-6573**

**Date Sent: 01-16-2024**

**Subject: ASIV Monthly Maintenance for Nov '23 – Dec '23**

**Remarks:**

**I can be reached at 636-498-6464 if any questions.**

**Thank you.**

**Ofc. Rick Phillips DSN 468**

**[richard.phillips@cityofcottleville.com](mailto:richard.phillips@cityofcottleville.com)**



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: MP4952 Manufacturer: Guth
Model Number: 12V500
Agency: COTTLEVILLE PD
Agency Address: 5377 STATE HIGHWAY N, COTTLEVILLE, MO 63304

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

Table with 3 columns: Simulator Average (33.99), NIST Average (34.01), Combined Uncertainty (.04)

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/12/2023
Certification Expiration: 7/12/2024
Simulator testing technician: M. BOND

Notes on Condition: none

Devlation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP4952\_7122023

X Brianna Medrano (signature)

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



**PERMIT**  
**TYPE II**  
**RICHARD PHILLIPS**

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 4/14/2022

NUMBER 220110

EXPIRES 4/14/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 550-0771 (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 alcoholia content in breath form of expired air in Missouri.*

Operator **PHILLIPS, RICHARD**  
Permit No **220110**  
Date Issued **4/14/2022** Date Expires **4/14/2024**

