



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
 By Tracy Crews at 9:25 am, Mar 01, 2023

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 111660	NAME OF AGENCY Fredericktown Police Dept.	DATE OF INSPECTION 02/28/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St. - Fredericktown		TIME OF INSPECTION 3:15 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**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH Laboratories</u>	LOT # <u>22430</u> EXP. DATE <u>11/30/2024</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>MP2936</u> SIM. NIST EXP DATE <u>01/30/2024</u>

- 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)	0	(.15-.19)	1	(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).

Instrument is operating properly.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Michael Sletten
TYPE II PERMIT NUMBER/EXPIRATION DATE 220261 - 11/17/2024	TELEPHONE NUMBER (573) 783-3660

**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: 111660  
Version no: 532B

TEST RECORD 00719

Temp Date Time 210L

VOID: RFI  
12 02/28/23 15:15

Subject Name

RFI CHECK

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00720

Temp Date Time 210L

Air Blank:  
02/28/23 15:16 .000  
Calibration Check:  
23 02/28/23 15:16 .100

Subject Name

SAMPLE TEST #1

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00721

Temp Date Time 210L

Air Blank:  
02/28/23 15:18 .000  
Calibration Check:  
24 02/28/23 15:18 .100

Subject Name

SAMPLE TEST #2

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00722

Temp Date Time 210L

Air Blank:  
02/28/23 15:19 .000  
Calibration Check:  
25 02/28/23 15:19 .100

Subject Name

SAMPLE TEST #3

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-220261

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00723

Temp Date Time 210L

Air Blank:  
02/28/23 15:21 .000  
Subject Test: Auto  
26 02/28/23 15:21 .000

Subject Name

BLANK TEST

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN-220261

Location

FREDERICKTOWN PD

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AS IU Serial no: 111660  
Version no: 532B

Last Calibration:  
11/25/19 15:36 .100

Test Results:  
00718 Subject Test: Auto  
21 02/25/23 11:31 .185  
02.2 Lit. 09.6 Sec.  
00719 VOID: RFI  
12 02/28/23 15:15  
00.0 Lit. 00.0 Sec.  
00720 Calibration Check:  
23 02/28/23 15:16 .100  
00.0 Lit. 00.0 Sec.  
00721 Calibration Check:  
24 02/28/23 15:18 .100  
00.0 Lit. 00.0 Sec.  
00722 Calibration Check:  
25 02/28/23 15:19 .100  
00.0 Lit. 00.0 Sec.  
00723 Subject Test: Auto  
26 02/28/23 15:21 .000  
01.7 Lit. 05.4 Sec.

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Paula Nickelson  
 Acting Director

Michael L. Parson  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP2936      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** FREDERICKTOWN PD  
**Agency Address:** 120 W MAIN ST, FREDERICKTOWN, MO 63645

## 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	34.02	.04

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 1/30/2023  
**Certification Expiration:** 1/30/2024  
**Simulator testing technician:** R. SCHILDKNECHT

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** BRIANNA MEDRANO

**Certification No:** MP2936\_1302023

**X** *Brianna Medrano*

DHSS BAP Scientist Approving



# GUTH LABORATORIES, INC.

590 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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , 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

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**PERMIT**  
**TYPE II**  
**MICHAEL D. SLETTEN**

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 11/17/2022

NUMBER 220261

EXPIRES 11/17/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Debra F. Nicholson*

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 SLETTEN, MICHAEL  
Permit No 220261  
Date Issued 11/17/2022 Date Expires 11/17/2024

