



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

RECEIVED
By Tracy Crews at 7:33 am, Oct 25, 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 10/24/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St. - Fredericktown		TIME OF INSPECTION 2:57 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 # 23180 EXP. DATE 05/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP 2936 SIM. NIST EXP DATE 01/30/2024

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 ← .101

TEST 2 ← .101

TEST 3 ← .101

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 2 (0-.04) (.05-.09) (.10-.14) 1 (.15-.19) (OVER .19) 1

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).

Adjusted time by 2 minutes forward to correct time. 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 00794

Temp Date Time ^{g/} 210L

Air Blank:
10/24/23 14:57 .000
Subject Test: Auto
20 10/24/23 14:57 .000

Subject Name

BLANK TEST

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 00795

Temp Date Time ^{g/} 210L

Air Blank:
10/24/23 15:08 .000
Calibration Check:
21 10/24/23 15:08 .101

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 00796

Temp Date Time ^{g/} 210L

Air Blank:
10/24/23 15:09 .000
Calibration Check:
22 10/24/23 15:09 .101

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 00797

Temp Date Time ^{g/} 210L

Air Blank:
10/24/23 15:11 .000
Calibration Check:
22 10/24/23 15:11 .101

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 00798

Temp Date Time ^{g/} 210L

VOID: RFI
12 10/24/23 15:12

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

Last Calibration:
04/25/23 10:07 .100

Test Results:
00789 Subject Test: Auto
18 10/07/23 02:15 .252
02.8 Lit. 04.2 Sec.
00790 VOID: RFI
12 10/21/23 20:13
00.0 Lit. 00.0 Sec.
00791 VOID: RFI
12 10/21/23 20:15
00.0 Lit. 00.0 Sec.
00792 VOID: RFI
12 10/21/23 20:15
00.0 Lit. 00.0 Sec.
00793 Subject Test: Auto
21 10/21/23 20:18 .133
01.5 Lit. 02.3 Sec.
00794 Subject Test: Auto
20 10/24/23 14:57 .000
01.5 Lit. 04.2 Sec.
00795 Calibration Check:
21 10/24/23 15:08 .101
00.0 Lit. 00.0 Sec.
00796 Calibration Check:
22 10/24/23 15:09 .101
00.0 Lit. 00.0 Sec.
00797 Calibration Check:
22 10/24/23 15:11 .101
00.0 Lit. 00.0 Sec.
00798 VOID: RFI
12 10/24/23 15:12
00.0 Lit. 00.0 Sec.



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 **23180** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1220%** (w/vol) ethyl alcohol. The expiration date for this lot number is **May 17, 2025** 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 FN11172002 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

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

Dave L. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB-4 (RS 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

