



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 03791	NAME OF AGENCY Hazelwood Police Department	DATE OF INSPECTION 04/02/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Ln, Hazelwood, MO 63042	TIME OF INSPECTION
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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) 34.00 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 .100	TEST 2 .101	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).

Service Completed on Device 03/12/2024 by Intoximeters
 Daylight Saving Time Change
 BA Maintenance March 2024
 Simulator Bottle # 173

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Daniel Johnston
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230242 / 10-31-2025	TELEPHONE NUMBER (314) 838-5000
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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 00022

Temp Date Time 210L
Air Blank: 04/02/24 12:42 .000
Calibration Check: 21 04/02/24 12:42 .100

Subject Name
Test #1
Subject I.D.
Johnston 230242
Operator Name, I.D.
Hazelwood PD
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00023

Temp Date Time 210L
Air Blank: 04/02/24 12:44 .000
Calibration Check: 22 04/02/24 12:44 .101

Subject Name
Test #2
Subject I.D.
Johnston 230242
Operator Name, I.D.
Hazelwood PD
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00024

Temp Date Time 210L
Air Blank: 04/02/24 12:46 .000
Calibration Check: 23 04/02/24 12:46 .100

Subject Name
Test #3
Subject I.D.
Johnston 230242
Operator Name, I.D.
Hazelwood PD
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00025

Temp Date Time 210L
VOID: RFI
12 04/02/24 12:47

Subject Name
RFI Test
Subject I.D.
Johnston 230242
Operator Name, I.D.
Hazelwood PD
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00028

Temp Date Time 210L
Air Blank: 04/02/24 12:53 .000
Subject Test: Auto
25 04/02/24 12:53 .000

Subject Name
Self Test
Subject I.D.
Johnston 230242
Operator Name, I.D.
Hazelwood PD
Location



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

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°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



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

NUMBER 230242

EXPIRES 10/31/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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

