



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:44 pm, Dec 02, 2020

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 03079	NAME OF AGENCY Hazelwood Police Department	DATE OF INSPECTION 11/30/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Lane / Hazelwood	TIME OF INSPECTION 3:46 pm
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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, Inc LOT # 19370 EXP. DATE 12/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.1 SIM. SN SD2742 SIM. NIST EXP DATE 07/15/2021

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 .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	(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).

Maint. November 2020

Simulator Solution Bottle Number 497

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Michael A. Monticelli
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200263 / 10/08/2022	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 00640

Temp Date Time 21:01
Air Blank: 11/30/20 16:04 .000
Calibration Check: 18 11/30/20 16:04 .100

Subject Name
TEST #1

Subject I.D.
MANNVILLE 200263
Operator Name: I.D.
HARRWOOD BOST VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00641

Temp Date Time 21:01
Air Blank: 11/30/20 16:05 .000
Calibration Check: 20 11/30/20 16:05 .100

Subject Name
TEST #2

Subject I.D.
MANNVILLE 200263
Operator Name: I.D.
HARRWOOD BOST VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00642

Temp Date Time 21:01
Air Blank: 11/30/20 16:07 .000
Calibration Check: 21 11/30/20 16:07 .100

Subject Name
TEST #3

Subject I.D.
MANNVILLE 200263
Operator Name: I.D.
HARRWOOD BOST VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00643

Temp Date Time 21:01
VOID: FPI 12 11/30/20 16:08

Subject Name
TEST #4

Subject I.D.
MANNVILLE 200263
Operator Name: I.D.
HARRWOOD BOST VAN
Location

AS IV Serial no: 030791
Version no: 532B

TEST RECORD 00644

Temp Date Time 21:01
Air Blank: 11/30/20 16:10 .000
Subject Test: AWD 23 11/30/20 16:10 .000

Subject Name
TEST #5

Subject I.D.
MANNVILLE 200263
Operator Name: I.D.
HARRWOOD BOST VAN
Location



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 10, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1199% (w/vol) ethyl alcohol. The expiration date for this lot number is December 9, 2021 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 FN04271602 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.



Missouri Department of Health and Senior Services
 P.O. Box 670, Jefferson City, MO 64102-0670 Phone: 878-754-6400 FAX: 878-754-6016
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2800 VOICE 1-800-735-2488
 Randall W. Williams, MD, FAOCC
 Director



Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2742 Manufacturer: Guth
 Model Number: 10-4D
 Agency: HAZELWOOD PD
 Agency Address: 415 BLAD GROVE LANE, HAZELWOOD, MO 63042

NIST THERMOMETER INFORMATION

Serial Number: 19BMM01307 Brand: O.06
 Uncertainty: 0.02
 Date of Certification: 6/1/2020 Date of Expiration: 6/1/2021

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	33.95	.11

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/15/2020
 Certification Expiration: 7/15/2021
 Simulator testing technician: B. LUTMER

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: SD2742_7132020

X

DHSS BAP Scientist Approving



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



**PERMIT
TYPE II**

MICHAEL A MONTICELLI

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 10/8/2020

NUMBER 200263

EXPIRES 10/8/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (10-10)



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 **MONTICELLI, MICHAEL**
Permit No **200263**
Date Issued **10/8/2020** Date Expires **10/8/2022**

