



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 097417	PRINTER SN 096.3580.863	DATE OF INSPECTION 02/03/2020
------------------------------------	-----------------------------------	---

LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick Rd. Warrenton, Missouri 63383	TIME OF INSPECTION 1830 hours
--	---

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 # 18370 EXP. DATE 12/05/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP3585 SIMULATOR EXP DATE 02/04/2020

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 ➡ .103

TEST 2 ➡ .102

TEST 3 ➡ .103

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	1	(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).

Had to adjust the minutes for the hour it was showing.

INSPECTING OFFICER

SIGNATURE <i>Sergeant M. Kavanaugh 207</i>	PRINT NAME <i>Sergeant M. Kavanaugh 207</i>
---	--

TYPE II PERMIT NUMBER/EXPIRATION DATE 290052 exp: 03/01/2021	TELEPHONE NUMBER (636) 456-3535
--	---

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: 097417
Version no: 532B

TEST RECORD 00170

Temp Date Time 210L

Air Blank: 02/03/20 18:31 .000
Calibration Check: 26 02/03/20 18:31 .103

Subject Name

Test # 1

Subject I.D.

Monthly Maint Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00171

Temp Date Time 210L

Air Blank: 02/03/20 18:33 .000
Calibration Check: 26 02/03/20 18:33 .102

Subject Name

Test # 2

Subject I.D.

Monthly Maint Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00172

Temp Date Time 210L

Air Blank: 02/03/20 18:36 .000
Calibration Check: 27 02/03/20 18:36 .103

Subject Name

Test # 3

Subject I.D.

Monthly Maint Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00173

Temp Date Time 210L

VOID: RFI
12 02/03/20 18:38

Subject Name

Test # 4 RFI

Subject I.D.

Monthly Maint Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00174

Temp Date Time 210L

Air Blank: 02/03/20 18:40 .000
Subject Test: Auto
27 02/03/20 18:40 .000

Subject Name

Test # 5 Self Test

Subject I.D.

Monthly Maint Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-8400 FAX: 573-751-8010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2996 VOICE 1-800-735-2488
 Randall W. Williams, MD, FACOG
 Director



Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3585 Manufacturer: Guth
 Model Number: 12V300
 Agency: WARRENTON PD
 Agency Address: 109 SOUTHWEST ST., WARRENTON, MO 63383

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 Bias: 0.00
 Uncertainty: 0.02
 Date of Certification: 12/11/2018 Date of Expiration: 12/11/2019

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	34.01	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/4/2019
 Certification Expiration: 2/4/2020
 Simulator testing technician: S. GARY

Notes on Condition: none
 Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: MP3585_242019

X

DHSS BAP Scientist Approving



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

2

PERMIT
TYPE II

MICHAEL KAVANAUGH

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 808.111 through 808.119 RSMo.

DATE 3/1/2019

NUMBER 290052

EXPIRES 3/1/2021

MO-986-0779 (8-10)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
LAB-4 (08-10)

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

INSTRUMENT OPERATOR CARD

The named certificate holder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath from of expired air in Missouri.

Operator **KAVANAUGH, MICHAEL**
Permit No **290052**
Date Issued **3/1/2019** Date Expires **3/1/2021**

