



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

**RECEIVED**  
 By Tracy Crews at 9:38 am, Jun 03, 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 097417	PRINTER SN 096.3580.863	DATE OF INSPECTION 05/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick, Warrenton, MO 63383		TIME OF INSPECTION 1912

**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 # 19341 EXP. DATE 11/18/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP3585 SIMULATOR EXP DATE 02/21/2021

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  $\bullet$  .104

TEST 2  $\bullet$  .104

TEST 3  $\bullet$  .104

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).

Had to adjust time on instrument.

**INSPECTING OFFICER**

SIGNATURE *Michael R. Kavanaugh*

PRINT NAME *Michael R. Kavanaugh*

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



**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

**Randall W. Williams, MD, FACOG**  
Director



**Michael L. Parson**  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP3585      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** WARRENTON PD  
**Agency Address:** 200 W BOONESLICK ROAD., WARRENTON, MO 63383

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00689      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 1/23/2020      **Date of Expiration:** 1/23/2021

## 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	34.01	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 2/12/2020  
**Certification Expiration:** 2/12/2021  
**Simulator testing technician:** S. GARY

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** B. LUTMER  
**Certification No:** MP3585\_2122020

X

DHSS BAP Scientist Approving



## GUTH LABORATORIES, INC.

690 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

#### Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19341 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on November 20, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is November 18, 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.



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 908.111 through 908.119 RSMo.

DATE 3/1/2019

NUMBER 290052

EXPIRES 3/1/2021

MO-483779 (8-19)

*[Signature]*  
DIRECTOR OF MISSOURI HEALTH LABORATORY

*[Signature]*  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES


LAB-4 (08-18)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an electronic breath alcohol instrument for the determination of the alcoholic content of breath from a sample of expired air.

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



AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00189

Temp Date Time 210L  
Air Blank: 05/01/20 19:21 .000  
Calibration Check: 23 05/01/20 19:21 .104

Subject Name

Test # 1

Subject I.D.

Main Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00190

Temp Date Time 210L  
Air Blank: 05/01/20 19:23 .000  
Calibration Check: 24 05/01/20 19:23 .104

Subject Name

Test # 2

Subject I.D.

Main Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00191

Temp Date Time 210L  
Air Blank: 05/01/20 19:26 .000  
Calibration Check: 24 05/01/20 19:26 .104

Subject Name

Test # 3

Subject I.D.

Main Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00192

Temp Date Time 210L  
VOID: RFI  
12 05/01/20 19:28

Subject Name

Test # 4 (RFI)

Subject I.D.

Main Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00193

Temp Date Time 210L  
Air Blank: 05/01/20 19:30 .000  
Subject Test: Auto 25 05/01/20 19:30 .000

Subject Name

Test # 5 Self-Test

Subject I.D.

Main Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department