



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 08/03/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick, Warrenton, Missouri 63383	TIME OF INSPECTION 2320 hours
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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 # 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 • .105

TEST 2 • .104

TEST 3 • .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) 2	(.15-.19) 2	(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).

INSPECTING OFFICER

SIGNATURE <i>Michael Kavanaugh</i>	PRINT NAME <i>Michael Kavanaugh</i>
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TYPE II PERMIT NUMBER/EXPIRATION DATE 290052 exp: 03/01/2021	TELEPHONE NUMBER (636) 456-3535
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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 00216
Temp Date Time 210L

Air Blank: 08/03/20 23:27 .000
Calibration Check: 20 08/03/20 23:27 .105

Subject Name

Test #1

Subject I.D.

Maint. Check

Operator Name: I.D.

Sgt. Kavanagh
Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00217
Temp Date Time 210L

Air Blank: 08/03/20 23:29 .000
Calibration Check: 21 08/03/20 23:29 .104

Subject Name

Test #2

Subject I.D.

Maint. Check

Operator Name: I.D.

Sgt. Kavanagh
Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00218
Temp Date Time 210L

Air Blank: 08/03/20 23:32 .000
Calibration Check: 22 08/03/20 23:32 .104

Subject Name

Test #3

Subject I.D.

Maint. Check

Operator Name: I.D.

Sgt. Kavanagh
Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00219
Temp Date Time 210L

VOID: RFI
12 08/03/20 23:33

Subject Name

Test #4 (RFI)

Subject I.D.

Maint. Check

Operator Name: I.D.

Sgt. Kavanagh
Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00220
Temp Date Time 210L

Air Blank: 08/03/20 23:35 .000
Subject Test: Auto 23 08/03/20 23:35 .000

Subject Name

Test #5 Self-Test

Subject I.D.

Maint. Check

Operator Name: I.D.

Sgt. Kavanagh
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 1-800-736-2966 VOICE 1-800-736-2466
 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.

660 NORTH 9TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-524-5470

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 Corlliant 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 306.111 through 306.119 RSMo.

DATE 3/1/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290052

EXPIRES 3/1/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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