



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 <b>097417</b>	PRINTER SN <b>096.3580.863</b>	DATE OF INSPECTION <b>09/01/2020</b>
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LOCATION OF INSTRUMENT (STREET AND CITY) <b>200 West Booneslick, Warrenton, Missouri 63383</b>	TIME OF INSPECTION <b>1925 hours</b>
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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 ➔ .103

TEST 2 ➔ .104

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	<u>1</u>	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	<u>1</u>	(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 the time by 2 minutes to match up with department clock.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <u>Michael Kavanaugh</u>
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TYPE II PERMIT NUMBER/EXPIRATION DATE <u>290052 exp: 03/01/2021</u>	TELEPHONE NUMBER <u>(636) 456-3535</u>
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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 00222

Temp Date Time 210L

Air Blank: 09/01/20 19:28 .000  
Calibration Check: 21 09/01/20 19:28 .103

Subject Name

Test #1

Subject I.D.

Maint. Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00223

Temp Date Time 210L

Air Blank: 09/01/20 19:30 .000  
Calibration Check: 22 09/01/20 19:30 .104

Subject Name

Test #2

Subject I.D.

Maint. Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00224

Temp Date Time 210L

Air Blank: 09/01/20 19:32 .000  
Calibration Check: 23 09/01/20 19:32 .103

Subject Name

Test #3

Subject I.D.

Maint. Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00225

Temp Date Time 210L

VOID: RFI  
12 09/01/20 19:34

Subject Name

Test #4 (RFI)

Subject I.D.

Maint. Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00226

Temp Date Time 210L

Air Blank: 09/01/20 19:36 .000  
Subject Test: Auto  
24 09/01/20 19:36 .000

Subject Name

Test #5 Self-Test

Subject I.D.

Maint. Report

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department



# 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.**

80 NORTH 7TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-654-5470

## 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

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**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 (RG-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