



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 100285	PRINTER SN 093.3563.012	DATE OF INSPECTION 05/15/2020
LOCATION OF INSTRUMENT (STREET AND CITY) St. Francois State Park, 8920 US HWY 67 North, Boone Terre, MO 63628		TIME OF INSPECTION 11:17 am

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 # 18370 EXP. DATE 12/05/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIMULATOR SN MP4945 SIMULATOR EXP DATE 12/11/2019

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 ➔ .100
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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).

Instrument was reading .107 during accuracy check, re-calibrated to .100. Re-check to ensure Missouri Department of Health and Senior guidelines. Instrument checked within satisfactory perimeters.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Christopher Johnston
TYPE II PERMIT NUMBER/EXPIRATION DATE 290131/ 6-21-2021	TELEPHONE NUMBER (573) 508-2316

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: 100285
Version no: 532B

TEST RECORD 00069

Temp Date Time ^{g/} 210L

Air Blank:
05/15/20 11:24 .000
Calibration Check:
27 05/15/20 11:24 .100

Subject Name

TEST

Subject I.D.

1

Operator Name, I.D.

C. Johnston/290131

Location

JSI

AS IV Serial no: 100285
Version no: 532B

TEST RECORD 00070

Temp Date Time ^{g/} 210L

Air Blank:
05/15/20 11:26 .000
Calibration Check:
28 05/15/20 11:26 .101

Subject Name

TEST

Subject I.D.

2

Operator Name, I.D.

C. Johnston/290131

Location

JSI

AS IV Serial no: 100285
Version no: 532B

TEST RECORD 00071

Temp Date Time ^{g/} 210L

Air Blank:
05/15/20 11:30 .000
Calibration Check:
28 05/15/20 11:30 .100

Subject Name

TEST

Subject I.D.

3

Operator Name, I.D.

C. Johnston/290131

Location

JSI

AS IV Serial no: 100285
Version no: 532B

TEST RECORD 00072

Temp Date Time ^{g/} 210L

VOID: RFI
12 05/15/20 11:31

Subject Name

TEST

Subject I.D.

RFI

Operator Name, I.D.

C. Johnston/290131

Location

JSI



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

2

**PERMIT
 TYPE II**

CHRISTOPHER JOHNSTON

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 6/21/2019

NUMBER 290131

EXPIRES 6/21/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 JOHNSTON, CHRISTOPHER
Permit No 290131
Date Issued 6/21/2019 **Date Expires** 6/21/2021





GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **18370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 6, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 5, 2020** 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 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: MP4945 Manufacturer: Guth
 Model Number: 12V500
 Agency: DNR MO STATE PARK
 Agency Address: 2901 HWY 61, FESTUS, MO 63028

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: 6/4/2019
 Certification Expiration: 6/4/2020
 Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: MP4945_642019

X

DHSS BAP Scientist Approving