



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 107977	PRINTER SN 096.3580.877	DATE OF INSPECTION 05/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S MAIN ST, EXCELSIOR SPRINGS, MO 64024		TIME OF INSPECTION 1:04 pm

**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 LOT # 19160 EXP. DATE 07/09/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP3564 SIMULATOR EXP DATE 06/18/2020

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 .100

TEST 2 .098

TEST 3 .098

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 (0-.04) 0 (.05-.09) 0 (.10-.14) 1 (.15-.19) 0 (OVER .19) 0

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

PRINT NAME

SGT BRIAN K KENNEDY

TYPE II PERMIT NUMBER/EXPIRATION DATE

290040 02/20/2021

TELEPHONE NUMBER

(816) 630-2000

**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: 107977  
Version no: 532B

TEST RECORD 06883

Temp Date Time 210L

UNIT: RFI

12 05/01/20 12:16

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

301 S MAIN ST

EX SPEC, MO

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 06882

Temp Date Time 210L

Air Blank:

05/01/20 12:15 .000

Calibration Check:

24 05/01/20 12:15 .098

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

301 S MAIN ST

EX SPEC, MO

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 06881

Temp Date Time 210L

Air Blank:

05/01/20 12:14 .000

Calibration Check:

23 05/01/20 12:14 .098

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

301 S MAIN ST

EX SPEC, MO

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 06880

Temp Date Time 210L

Air Blank:

05/01/20 12:12 .000

Calibration Check:

22 05/01/20 12:12 .100

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

301 S MAIN ST

EX SPEC, MO


**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:** MP3564      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** EXCELSIOR SPRINGS  
**Agency Address:** 301 S MAIN, EXCELSIOR SPRINGS, MO 64024

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 1/31/2019      **Date of Expiration:** 1/31/2020

## 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>
33.99	34.00	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 6/17/2019  
**Certification Expiration:** 6/17/2020  
**Simulator testing technician:** S. GARY

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** B. LUTMER

**Certification No:** MP3564\_6172019

X

DHSS BAP Scientist Approving

**GUTH LABORATORIES, INC.**

530 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

**CERTIFICATE OF ANALYSIS**

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **19160** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 9, 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



PERMIT  
TYPE II

**BRIAN K KENNEDY**

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 2/20/2019

NUMBER 290040

EXPIRES 2/20/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (8-10)

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 **KENNEDY, BRIAN**  
Permit No **290040**  
Date Issued **2/20/2019** Date Expires **2/20/2021**

