



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

**RECEIVED**  
 By Tracy Crews at 9:15 am, Feb 13, 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 108264	PRINTER SN 099.3586.827	DATE OF INSPECTION 02/02/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 315 S. Hudson, Buckner		TIME OF INSPECTION 2:54 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 07/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD-2734 SIMULATOR EXP DATE 10/22/2020

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 .098

TEST 2 .099

TEST 3 .099

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)    1    | (.05-.09)    0    | (.10-.14)    0    | (.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).

None

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
B. Wright #609

TYPE II PERMIT NUMBER/EXPIRATION DATE  
#290071 03-13-2021

TELEPHONE NUMBER  
(816) 690-3773

**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 IU Serial no: 108264  
Version no: 532B

TEST RECORD 00468

Temp Date Time 210L g/  
Air Blank: 02/02/20 14:54 .000  
Calibration Check: 21 02/02/20 14:54 .000

Subject Name

Maintenance Blank

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 108264  
Version no: 532B

TEST RECORD 00469

Temp Date Time 210L g/  
Air Blank: 02/02/20 14:56 .000  
Calibration Check: 22 02/02/20 14:56 .098

Subject Name

Maintenance Test 1

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 108264  
Version no: 532B

TEST RECORD 00470

Temp Date Time 210L g/  
Air Blank: 02/02/20 14:57 .000  
Calibration Check: 22 02/02/20 14:57 .099

Subject Name

Maintenance Test 2

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 108264  
Version no: 532B

TEST RECORD 00471

Temp Date Time 210L g/  
Air Blank: 02/02/20 14:59 .000  
Calibration Check: 23 02/02/20 14:59 .099

Subject Name

Maintenance Test 3

Subject I.D.

Operator Name, I.D.

Location

AS IU Serial no: 108264  
Version no: 532B

TEST RECORD 00472

Temp Date Time 210L g/  
UNIT: RTI  
12 02/02/20 15:00

Subject Name

Maintenance Test RPI

Subject I.D.

Operator Name, I.D.

Location



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



**PERMIT**  
**TYPE II**  
**BRADLEY WRIGHT**

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 3/13/2019

NUMBER 290071

EXPIRES 3/13/2021

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 **WRIGHT, BRADLEY**  
 Permit No **290071**  
 Date Issued **3/13/2019** Date Expires **3/13/2021**



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: SD2734      Manufacturer: Guth  
 Model Number: 10-4D  
 Agency: OAK GROVE PD  
 Agency Address: 1903 S. BROADWAY, OAK GROVE, MO 64075

## 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>
34.00	33.98	.04

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 10/22/2019  
 Certification Expiration: 10/22/2020  
 Simulator testing technician: S. GARY

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER  
 Certification No: SD2734\_10222019

X

DHSS BAP Scientist Approving



**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 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.*