



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 108264	NAME OF AGENCY Buckner PD	DATE OF INSPECTION 09/17/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 315 S. Hudson, Buckner		TIME OF INSPECTION 1510

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 # 20190 EXP. DATE 04/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD-2757 SIM. NIST EXP DATE 09/17/2021

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 ← **.101**

TEST 2 ← **.100**

TEST 3 ← **.101**

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) **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 *B. Wright #311*

PRINT NAME **B. Wright #311**

TYPE II PERMIT NUMBER/EXPIRATION DATE **#290071 03-22-2021**

TELEPHONE NUMBER
(816) 650-3939

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00494
s/
Temp Date Time 210L

VOID: RFI
12 09/17/20 15:15

Subject Name
Maintenance RFI

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00493
s/
Temp Date Time 210L

Air Blank:
09/17/20 15:14 .000
Calibration Check:
24 09/17/20 15:14 .101

Subject Name
Maintenance Test 3

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00492
s/
Temp Date Time 210L

Air Blank:
09/17/20 15:13 .000
Calibration Check:
23 09/17/20 15:13 .100

Subject Name
Maintenance Test 2

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00491
s/
Temp Date Time 210L

Air Blank:
09/17/20 15:11 .000
Calibration Check:
23 09/17/20 15:11 .101

Subject Name
Maintenance Test 1

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 108264
Version no: 532B

TEST RECORD 00490
s/
Temp Date Time 210L

Air Blank:
09/17/20 15:10 .000
Calibration Check:
22 09/17/20 15:10 .000

Subject Name
Maintenance Blank #

Subject I.D.

Operator Name, I.D.

Location



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: SD2757 **Manufacturer:** Guth
Model Number: 10-4D
Agency: BUCKNER PD
Agency Address: 315 S HUDSON, BUCKNER, MO 64016

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	34.00	.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 9/17/2020
Certification Expiration: 9/17/2021
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: SD2757_9172020

X *Brian Lutmer*

DHSS BAP Scientist Approving



GUTH LABORATORIES, INC.

690 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 **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 2022** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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 FN02271802 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

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 (9-10)

LAB-4 (16-10)

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate on 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**