



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 108392	PRINTER SN 099,3586.814	DATE OF INSPECTION 01/01/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 5490 5th St. Cottleville MO 63304		TIME OF INSPECTION 4:21 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 LOT # 18200 EXP. DATE 07/03/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34C SIMULATOR SN MP4952 SIMULATOR EXP DATE 07/09/2020

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 → .104

TEST 2 → .103

TEST 3 → .102

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

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Richard Phillips

TYPE II PERMIT NUMBER/EXPIRATION DATE  
2680089 02-18-2020

TELEPHONE NUMBER  
(636) 498-6464

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: 108392  
Version no: 532B

TEST RECORD 00599

Temp Date Time 210L

Air Blank:  
01/01/20 04:21 .000  
Calibration Check:  
21 01/01/20 04:21 .104

Subject Name

TEST 1  
Subject I.D.

280089  
Operator Name, I.D.

R PHILLIPS 468  
Location

BOOKING ROOM

AS IU Serial no: 108392  
Version no: 532B

TEST RECORD 00600

Temp Date Time 210L

Air Blank:  
01/01/20 04:22 .000  
Calibration Check:  
23 01/01/20 04:22 .103

Subject Name

TEST 2  
Subject I.D.

280089  
Operator Name, I.D.

R PHILLIPS 468  
Location

BOOKING ROOM

AS IU Serial no: 108392  
Version no: 532B

TEST RECORD 00601

Temp Date Time 210L

Air Blank:  
01/01/20 04:24 .000  
Calibration Check:  
24 01/01/20 04:24 .102

Subject Name

TEST 3  
Subject I.D.

280089  
Operator Name, I.D.

R PHILLIPS 468  
Location

BOOKING ROOM

AS IU Serial no: 108392  
Version no: 532B

TEST RECORD 00602

Temp Date Time 210L

VOID: RFI  
12 01/01/20 04:25

Subject Name

R.FI TEST  
Subject I.D.

280089  
Operator Name, I.D.

R PHILLIPS 468  
Location

BOOKING ROOM

AS IU Serial no: 108392  
Version no: 532B

TEST RECORD 00603

Temp Date Time 210L

Air Blank:  
01/01/20 04:26 .000  
Subject Test: Auto  
25 01/01/20 04:26 .000

Subject Name

ZERO TEST  
Subject I.D.

280089  
Operator Name, I.D.

R PHILLIPS 468  
Location

BOOKING ROOM



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: MP4952 Manufacturer: Guth
Model Number: 12V500
Agency: COTTLEVILLE PD
Agency Address: 5490 FIFTH STREET, COTTLEVILLE, MO 63304

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

Table with 3 columns: Simulator Average (33.99), NIST Average (34.01), Combined Uncertainty (.04)

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/9/2019
Certification Expiration: 7/9/2020
Simulator testing technician: M. BOND

Notes on Condition: none
Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP4952\_792019

Handwritten signature of Brian Lutmer

DHSS BAP Scientist Approving

**GUTH LABORATORIES, INC.**

530 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

**CERTIFICATE OF ANALYSIS****Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **18200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 6, 2018**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1215% (w/vol)** ethyl alcohol. The expiration date for this lot number is **July 3, 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.*



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



PERMIT  
TYPE II

RICHARD PHILLIPS

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 2/16/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280089

EXPIRES 2/16/2020

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

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 an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*

Operator PHILLIPS, RICHARD  
Permit No 280089  
Date Issued 2/16/2018 Date Expires 2/16/2020