

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 a Send copy to Department of Healt							eck, and whe	enever instrument	is repaired.
ALCO SENSOR IV 8N 108392		PRINTER SI 099.358						OF INSPECTION -10-2020	
LOCATION OF INSTRUMENT (STREET AN 5490 5th St. Cottleville MQ 63		•						OF INSPECTION 5 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)									
PRINTER WORKING PROPERLY									
☑ TIME AND DATE DISPLAYING PROPERLY									
BREATH ALCOHOL ACCURACY STANDARDS									
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE									
STANDARD SUPPLIER Guth Laboratories LOT # 19370 EXP. DATE 12-09-2021									
SIMULATOR TEMPERATURE	(34°C ± 0.2°	°C)34C	SIM	ULATOR SI	N_MP	4952	SIMULATO	R EXP DATE 07	/09/2020
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 .103	TE	ST 2 🕶 ,10)4	4		TEST 3	103		
☐ RFI DETECTOR OPERATING				W (f			77		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)									
REFUSALS 0 (004)	0	, (OE OO)	0	/10.14	0	 	a 0	(0)/55 45	o
(UU4)	'	(.0509) or modificat		(.1014) vas made to		(,15-,1	U)	(OVER .19)	
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).									
							90		
									1
INSPECTING OFFICER	terrary					PRINT NAM	E		
·	468						d Phillips		
1996 11 PERMIT NOMBER/EXPIRATION DATE 2680089 02-16-2020						TELEPHONI (636) 4	e number 198-64 6 4		
Return completed report to the:	Breath Alco 2875 James Poplar Bluff	Boulevard	ı, MO Dej	ogriment of	Health ai	nd Senlor	· Services, S	Southeast District (Office

AS IV Serial not 188392 Version no: 532B

TEST RECORD 00620

Date Time 210L Temp

Air Blank: 04/10/20 14:45 .000 Calibration Checks 22 04/10/20 14:45 .183

Subject Name

TEST

Subject I.D.

200079 Operator Name, I.D.

RICHARD PHILLIPS 4108 Location

BOOKING ROOM

AS IV Serial no: 108392 Version no: 5328

TEST RECORD 00621

Time 219L Date Temp

fir Blank[‡]

04/10/20 14:47 .000

Calibration Check 23 04/10/20 14:47 .104

Subject Name

JEST 2

Subject I.D.

200079

Operator Name, 1.D.

RICHAS PHILIPS 468

Location

BOOKING ROOM

AS IV Serial no: 188392 Version not 5328

TEST RECORD 00622

Time 210L Temp Date

Air Blank:

04/10/20 14:49 .000 Calibration Check:

23 04/10/20 14:49 .103

Subject Hame

TEST Subject I.D.

200079 Operator Name, I.D.

PHILLIPS 468 RICHARD

Location

BOOKING ROOM

AS IV Serial not 108392 Version not 532B

TEST RECORD 00623

Temp Date Time 2101 VOID: RFI

12 04/10/20 14:50 Subject Name

200079

Operator Name, I.D.

RICHARD Location

ROOKWG KOOM

AS IV Serial not 188392 Version not 532B

TEST RECORD 00624

Date Time 210L TenP

Air Blank: 94/19/20 14:51 .000 Subject Test: Auto 25 04/10/20 14:51 .000

Subject Hame

ZERO JESI

Subject I.D.

200079 Operator Name, I.D.

Location

Booking



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



Michael L. Parson Governor

Randali W. Williams, MD, FACOG

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

12/11/2018

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

Date of Expiration:

12/11/2019

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

33.99

34.01

.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

1/9/2020

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

B. LUTMER

Certification No:

MP4952 792019

DHSS BAP Scientist Approving

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP Revision Date: 05/16/2018 Breath Alcohol Program 1903 Northwood Drive, Sulte 4 Poplar Bluff, MO 63901 DHSS BAP Document 3,6A Revision 1 Page 1 of 1



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 10, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1199% (w/vol) ethyl alcohol. The expiration date for this lot number is December 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

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.

DATE2/6/2020	Wa no					
-	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY					
NUMBER 200079						
EXPIRES 2/6/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SERVICES					

MD 680-0771 (8-10)

LAG-4 (FIB-10)



The named cardinider is authorized to operate an evidential breath alcohol Instrument for the determination of the elcoholic content in breath form of expired a in Missouri.

Operator PHILLIPS, RICHARD Permit No 200079

Permit No 200079 Date Essued 2/6/2020 Date Expires 2/6/2(