



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 8:13 am, Aug 27, 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 <u>111671</u>	PRINTER SN <u>09B.3589.492</u>	DATE OF INSPECTION <u>8/11/2020</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>106 3rd Street, Belle MO, 65013 (Belle Sub Station)</u>		TIME OF INSPECTION <u>1050</u>

**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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input type="checkbox"/> STANDARD SUPPLIER <u>Guth</u> LOT # <u>20190</u> EXP. DATE <u>4/6/22</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>33.99</u> SIMULATOR SN <u>MP4946</u> SIMULATOR EXP DATE <u>6/25/21</u>	

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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 • <u>.099</u>	TEST 2 • <u>.098</u>	TEST 3 • <u>.098</u>
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(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).

Replaced 9 volt battery IN ALCO Sensor IV

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>Dale Harp</u> 917	PRINT NAME <u>Dale Harp</u> 917
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>200197 / 7/8/2022</u>	TELEPHONE NUMBER <u>573-422-3381</u>

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: 111671  
Version no: 532B

TEST RECORD 00212

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/11/20 10:59 .000  
Calibration Check:  
21 08/11/20 10:59 .099

Subject Name

Test # 1

Subject I.D.

Operator Name, I.D.

Harp, Dale 917

Location

Belle, MO

AS IV Serial no: 111671  
Version no: 532B

TEST RECORD 00213

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/11/20 11:01 .000  
Calibration Check:  
22 08/11/20 11:01 .098

Subject Name

Test # 2

Subject I.D.

Operator Name, I.D.

Harp, Dale 917

Location

Belle, MO

AS IV Serial no: 111671  
Version no: 532B

TEST RECORD 00214

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
08/11/20 11:03 .000  
Calibration Check:  
22 08/11/20 11:03 .098

Subject Name

Test # 3

Subject I.D.

Operator Name, I.D.

Harp, Dale 917

Location

Belle, MO

AS IV Serial no: 111671  
Version no: 532B

TEST RECORD 00215

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 08/11/20 11:05

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Harp, Dale 917

Location

Belle, 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:** MP4946      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** MARIES CO SD  
**Agency Address:** PO BOX 23, VIENNA, MO 65582

## 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>
33.99	34.01	.04

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

## ADJUSTMENT RESULTS

No adjustment was needed.

**Date of testing:** 6/25/2020  
**Certification Expiration:** 6/25/2021  
**Simulator testing technician:** M. BOND

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** B. LUTMER  
**Certification No:** MP4946\_6252020

X *Brian Lutmer*

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 **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**  
**DALE M. HARP**

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 7/8/2020

NUMBER 200197

EXPIRES 7/8/2022

MO 580-0771 (6-10)

  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 HARP, DALE  
 Permit No 200197  
 Date Issued 7/8/2020 Date Expires 7/8/2022

