

By Tracy Crews at 11:11 am, Sep 24, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplic Send copy to Department of I	ate at the tim łealth and Se	e of the regular monthly enior Services; retain oric	preventative mainte ginal in department fil	nance check, and	whenever instrument is repaired		
ALCO SENSOR IV SN		PRINTER SN O9B. 3	3589,450	2	8/19/2020		
LOCATION OF INSTRUMENT (STRE	Rt. VIR	Muca MO. /	Maries Courtes	Thorists Office.	IME OF INSPECTION		
ues where determined.) Unma	the box by ear	ach item if found to be so nust be corrected before	itistactory or if operat using instrument.	ting within establish	ned limits. (Write in observed val		
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)							
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)							
PRINTER WORKING PROPERLY							
TIME AND DATE DISPLA	YING PROPI	ERLY					
BREATH ALCOHOL ACCURA	CY STANDA	ARDS					
SIMULATOR SOLUTION			COMPRESSE	ED ETHANOL-GAS	MIXTURE		
STANDARD SUPPLIER_	Guth		LOT# 20190	EXP. DATE <u>(</u>	04/06/2022		
SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34° SIMULATOR SN MP4946 SIMULATOR EXP DATE 1/23/2021							
less. Check the box corres 0.100% STANDARD 0.080% STANDARD	ponding to the MUST REAL MUST REAL	e standard solution bein D BETWEEN 0.095% an D BETWEEN 0.076% an D BETWEEN 0.038% an	g used. (PRINTOUT / id 0.105% INCLUSIV id 0.084% INCLUSIV	ATTACHED) 'E 'E	I must have a spread of .005 or		
TEST 1 - 104		TEST 2 .10	3	TEST 3 🖝	.103		
The detector operating							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)							
REFUSALS (00-	4)	(.0509)	(.1014)	(.1519)	(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).							
Monthly Main	Henau	a					
·							
nspecting officer							
IIGNATURE)				PRINT NAME	.1		
YPE II PERMIT NUMBER/EXPIRATION DATE	To	7/0/		TELEPHONE NUMBER	terp		
200197	Dunath Al	1/8/2022		573-42	2-3381		
Return completed report to th	2875 Jan	iconoi Program, MO Dej nes Boulevard fuff, MO 63901	Jailment of Health an	iu Senior Services,	Southeast District Office		

TEST RECORD 00475

sy
Temp Date Time 210L

Air Blank:
 08/19/20 18:55 .000

Calibration Check:
 21 08/19/20 18:55 .104

Subject Name

/est #

Subject I.D.

Date Harp 917

Operator Name, I.D.

Location

MCSO

AS IV Serial no: 111764

Version no: 532B

AS IV Serial no: 111764
Version no: 532B

TEST RECORD 00476

Temp Date Time 210L

Air Blank:
 08/19/20 18:57 .000
Calibration Check:
 21 08/19/20 18:57 .103

Subject Name
 Test 2

Subject I.D.

Day Ham 917
Operator Name, I.D.

Location

MCSO

Belle Sub Station

TEST RECORD 00478
TEST RECORD 00478
Temp Date Time 210L

UOID: RFI
12 08/19/20 19:01

Subject Name

RFI Test

Subject I.D.

Date Hasp 917

Operator Name, I.D.

AS IV Serial no: 111764

Location

MCSO

Belle SubStation



Missouri Department of Health and Senior Services

P.O. Box 570, Jafferson 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



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

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:

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

DHSS BAP Scientist Approving



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°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 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



PERMIT TYPEI

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.

DATE7/8/2020		Wante
	7	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200197		-17
EXPIRES 7/8/2022		for Willen
MO 580-0771 (6-10)		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

Operator HARP, DALE Permit No 200197

Date Expires 7/8/2022 Date Issued 7/8/2020

