



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 09/30/2021 09:01 am

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 096228	NAME OF AGENCY NORMANDY PD	DATE OF INSPECTION 09/30/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 7700 NATURAL BRIDGE, NORMANDY, MO		TIME OF INSPECTION 9:01 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 LOT # 21080 EXP. DATE 03/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD1615 SIM. NIST EXP DATE 07/28/2022

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 .100	TEST 2 .099	TEST 3 .098
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

None

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME BRANDON LANGE
TYPE II PERMIT NUMBER/EXPIRATION DATE 210148 07/23/2023	TELEPHONE NUMBER (314) 385-3300

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: 096228
Version no: 532B

TEST RECORD 00970

Temp Date Time 210L
s/

Air Blank:
09/30/21 09:01 .000
Calibration Check:
22 09/30/21 09:01 .100

Subject Name

maint 7

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy Pt

AS IV Serial no: 096228
Version no: 532B

TEST RECORD 00971

Temp Date Time 210L
s/

Air Blank:
09/30/21 09:03 .000
Calibration Check:
22 09/30/21 09:03 .099

Subject Name

maint 2

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy Pt

AS IV Serial no: 096228
Version no: 532B

TEST RECORD 00972

Temp Date Time 210L
s/

Air Blank:
09/30/21 09:06 .000
Calibration Check:
23 09/30/21 09:06 .098

Subject Name

maint 3

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy Pt

AS IV Serial no: 096228
Version no: 532B

TEST RECORD 00973

Temp Date Time 210L
s/

VOID: RFI
12 09/30/21 09:07

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy Pt

AS IV Serial no: 096228
Version no: 532B

TEST RECORD 00974

Temp Date Time 210L
s/

Air Blank:
09/30/21 09:08 .000
Subject Test: Auto
24 09/30/21 09:08 .000

Subject Name

Samy

Subject I.D.

206

Operator Name, I.D.

Samy 206

Location

Normandy Pt



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
Robert J. Knodell
 Acting Director



Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD1615 **Manufacturer:** Guth
Model Number: 10-4D
Agency: NORMANDY PD
Agency Address: 7700 NATURAL BRIDGE RAOD, NORMANDY, MO 63121

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 11/6/2020 **Date of Expiration:** 11/6/2021

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	34.01	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/28/2021
Certification Expiration: 7/28/2022
Simulator testing technician: D. DEBOARD

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

DHSS BAP Scientist Approving: B. LUTMER
Certification No: SD1615_7282021

X 

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 **21080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 10, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 8, 2023** 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 FN03052002 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
BRANDON W. LANGE

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 7/23/2021

NUMBER 210148

EXPIRES 7/23/2023

Laura E. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Robt. Knud

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

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 LANGE, BRANDON
 Permit No 210148
 Date Issued 7/23/2021 Date Expires 7/23/2023

