



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 097417	NAME OF AGENCY City of Warrenton PD	DATE OF INSPECTION 02/02/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick Road, Warrenton, MO 63383	TIME OF INSPECTION 12:00 am
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u>	LOT # <u>19341</u>	EXP. DATE <u>11/18/2021</u>
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<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u>	SIM. SN <u>MP3585</u>	SIM. NIST EXP DATE <u>02/21/2021</u>
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- 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 ● .105	TEST 2 ● .104	TEST 3 ● .104
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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	1	(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).

Had to adjust time on instrument. Corrected and working properly.

INSPECTING OFFICER

SIGNATURE  207	PRINT NAME Sergeant Kavanaugh 207
TYPE II PERMIT NUMBER/EXPIRATION DATE 290052 exp: 03/01/2021	TELEPHONE NUMBER (636) 456-3535

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: 097417
Version no: 532B

TEST RECORD 00251

Temp Date Time 210L %/

Air Blank: 02/02/21 00:02 .000
Calibration Check: 23 02/02/21 00:02 .185

Subject Name

Test # 1

Subject I.D.

Maint Check

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00252

Temp Date Time 210L %/

Air Blank: 02/02/21 00:05 .000
Calibration Check: 23 02/02/21 00:05 .104

Subject Name

Test # 2

Subject I.D.

Maint. Check

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00253

Temp Date Time 210L %/

Air Blank: 02/02/21 00:07 .000
Calibration Check: 24 02/02/21 00:07 .104

Subject Name

Test # 3

Subject I.D.

Maint. Check

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00254

Temp Date Time 210L %/

VOID: RFI
12 02/02/21 00:09

Subject Name

Test # 4 (CFI)

Subject I.D.

Maint Check

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00255

Temp Date Time 210L %/

Air Blank: 02/02/21 00:12 .000
Subject Test: Auto
25 02/02/21 00:12 .000

Subject Name

Test # 5 (Self Test)

Subject I.D.

Maint. Check

Operator Name, I.D.

Sgt. Kavanaugh 207

Location

Warrenton Police

Department



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3585 Manufacturer: Guth
 Model Number: 12V500
 Agency: WARRENTON PD
 Agency Address: 200 W BOONESLICK ROAD., WARRENTON, MO 63383

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>
34.00	34.01	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/12/2020
 Certification Expiration: 2/12/2021
 Simulator testing technician: S. GARY

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: MP3585_2122020

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 19341 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on November 20, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is November 18, 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

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**PERMIT
TYPE II**

MICHAEL KAVANAUGH

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 3/1/2019

NUMBER 290052

EXPIRES 3/1/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 **KAVANAUGH, MICHAEL**
Permit No **290052**
Date issued **3/1/2019** Date Expires **3/1/2021**