



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 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 Warrenton Police Department	DATE OF INSPECTION 07/01/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 200 W Booneslick Road Warrenton, MO 63383		TIME OF INSPECTION 3:03 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)

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 Laboratories LOT # 20420 EXP. DATE 09/22/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP3585 SIM. NIST EXP DATE 02/17/2022

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 • .105

TEST 2 • .105

TEST 3 • .104

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)	1	(OVER .19)	3
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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 date and time on instrument. Corrected and working properly

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Patrolman Glatz 208
TYPE II PERMIT NUMBER/EXPIRATION DATE 210099 05/18/2023	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 00400

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

Air Blank:  
07/01/21 15:03 .000  
Calibration Check:  
22 07/01/21 15:03 .105

Subject Name

Test #1

Subject I.D.

Maint Report

Operator Name, I.D.

Glatz 210099

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00402

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

Air Blank:  
07/01/21 15:06 .000  
Calibration Check:  
24 07/01/21 15:06 .105

Subject Name

Test #2

Subject I.D.

Maint Report

Operator Name, I.D.

Glatz 210099

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00403

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

Air Blank:  
07/01/21 15:08 .000  
Calibration Check:  
24 07/01/21 15:08 .104

Subject Name

Test #3

Subject I.D.

Maint Report

Operator Name, I.D.

Glatz 210099

Location

Warrenton Police

Department

AS IV Serial no: 097417  
Version no: 532B

TEST RECORD 00404

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

VOID: RFI  
12 07/01/21 15:13

Subject Name

RFI Test

Subject I.D.

Maint Report

Operator Name, I.D.

Glatz 210099

Location

Warrenton Police

Report



**Missouri Department of Health and Senior Services**  
 P.O. Box 670, Jefferson City, MO 65102-0670 Phone: 873-751-6400 FAX: 873-751-6010  
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2936 VOICE 1-800-735-2469  
 Randall W. Williams, MD, FACOG  
 Director



Michael L. Parson  
 Governor

# 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.**

80 NORTH 7th STREET • HARRISBURG, PA 17111-4011 • TELEPHONE 717-643-9770

## 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 FMO07102 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**  
**ZACHARY R. GLATZ**

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 5/18/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210099

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/18/2023

 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 GLATZ, ZACHARY  
 Permit No 210099  
 Date Issued 5/18/2021 Date Expires 5/18/2023

