



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

REPORT #7

A STREET A									
Complete this report in duplicate a Send copy to Department of Healt							d whenev	er instrument	t is repaired.
CO SENSOR IV SN NAME OF AGENCY 97417 City of Warrenton PD					DATE OF INSPECTION 11/03/2021				
LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick Road, Warrenton, MO 63383				TIME OF INSPECTION 6:12 pm					
CHECKLIST: Place a mark in the b	ox by each	item if found to	be satis	factory or if o	perating	within establis	ned limits.	(Write in obs	erved values
where determined.) Unmarked iter				instrument.					
DIGITAL READOUT (ALL ELE	MENTS O	PERATIONAL))						
✓ TEMPERATURE OF ALCO S	ENSOR (10	0°C - 40°C)				<u> </u>			
PRINTER WORKING PROPE	RLY								
☑ TIME AND DATE DISPLAYIN	G PROPE	RLY			v.				
BREATH ALCOHOL ACCURACY	STANDA	RDS							
SIMULATOR SOLUTION				□ сом	PRESSE	D ETHANOL-C	SAS MIXT	URE	
☑ STANDARD SUPPLIER Gutt	n Laborato	ories	L	OT # 20420)	EXP. DAT	E <u>09/22/2</u>	2022	
SIMULATOR TEMPERATURE	E (34°C ± 0	.2°C) <u>34.0</u>	0 SI	M. SN	MP358	5 SIM.	NIST EXF	DATE <u>02/1</u>	7/2022
less. Check the box correspon 0.100% STANDARD - MI 0.080% STANDARD - MI 0.040% STANDARD - MI	JST READ JST READ	BETWEEN 0. BETWEEN 0.	095% an 076% an	d 0.105% IN d 0.084% IN	CLUSIVI CLUSIVI	<u>.</u>			
TEST 1 • .104	:	TEST 2 🖝 .10	03			TEST 3 🖝 1	03		
RFI DETECTOR OPERATING									
INDICATE THE NUMBER OF BR (DO NOT INCLUDE SELF-ADMI			DLLOWIN	IG RANGES	SINCE	THE LAST MA	INTENAN	ICE REPORT	Γ:
REFUSALS 2 (004)	0	(.0509)	0	(.1014)	1	(.1519)	0	(OVER .19)	0
List any new parts and describe a established limits (use other side			tion that	was made to	restore	the instrumen	t to opera	te satisfactori	lly and within
INSPECTING OFFICER				1		PRINT NAME	, ,		
SIGNATURE M.	/ ,					Sat. M		lanau	7 h
TYPE II PERMIT NUMBER/EXPIRATION DATE 210018 exp: 02/03/2023						(636) 456-3			J
Return completed report to the		lcohol Progran fax, or email.	n, MO De	epartment of	Health a	nd Senior Ser	/ices, Sou	theast Distric	t Office
MO 580-1351 (5-19)		AN EQUAL C	OPPORTUNITY/	AFFIRMATIVE ACTION	N EMPLOYER Dasis				LAB-11

h			
Office			
	LAB-114		

#\$ IV Serial no: 897417

Wersion no: 5328

TEST RECORD 00427

Temp Blank:

hir Blank:

11/03/21 18:13 .000

Calibration Check:

23 11/03/21 18:13 .104

Subject Name

Wank, Check:

Subject 1.0.

Operator Name, 1.0.

Location

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Department

HS IV Serial no: 897417
Version no: 532B

TEST RECORD 60428

Temp Date Time 2181

Air Blank:
11/03/21 18:15 .000

Calibration Check:
24 11/03/21 18:15 .103

Subject Name

Calibration Check:
24 11/03/21 18:15 .103

Calibration Check:
24 11/03/21 18:15 .103

Calibration Check:

Calibrati

HEST RECORD 60429
TEST RECORD

AS IV Serial no: 697417
Version no: 532B
TEST RECORD 60438
Temp Date Time 2191
12 11/03/21 18:28
Subject Name
VOID: RFI
12 11/03/21 18:28
Subject Name
Copyresion
Location



Missouri Department of Health and Senior Services
P.O. 80x 570, Jeffereon City, MO 65102-0570 Finane: 573-761-8400 FAX: 573-761-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2886 VOICE 1-800-735-2486

Randali W. Williams, MD, FACOG Director



Michael L. Parson

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3585

Manufacturer: Guh

Model Number:

12V500

Agency:

WARRENTON PD

Agency Address: 200 W BOONESLICK ROAD., WARRENTON, MO 61383

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

Uncertainty:

0.02

11/6/2020

Date of Certification:

Date of Expiration: 11/6/2021

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average 34.00

NIST Average 34.02

Combined Uncertainty

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

2/17/2021

Certification Expiration:

2/17/2022

Simulator testing technician: M. BOND

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

DHSS BAP Scientist Approving:

B, LUTMER

Certification No:

MP3585_2172021

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"DHSS BAP Scientist Approving

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP

Breath Alcohol Program 1903 Northwood Drive, Suite 4 **DHSS BAP Document 3.6A** Revision 1



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 20420 of

Alcohol Reference Solution for Simulator were analyzed by

gas chromatography on September 23, 2020, using a Perkin Elmer Gas

Chromatograph Autosystem XL S/N: 610N9030209, and found to contain

0.1208% (w/vol) ethyl alcohol. The expiration date for this lot

number is September 22, 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, Fresident GUTH LABORATORIES, INC.

NIST Traceability:
Testing was conducted using Certiliant Reference Standard lot number FN83832602 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 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.

DATE2/3/2021	Wish			
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 210018				
EXPIRES 2/3/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			
MO 580-0771 (8-10)	LAB-4 (RB-11			

