



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 City of Warrenton PD	DATE OF INSPECTION 12/02/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 200 West Booneslick Road, Warrenton, MO 63383		TIME OF INSPECTION 9:10 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 .103	TEST 2 .103	TEST 3 .102
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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)	1	(.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).

Had to adjust time on instrument due to daylight savings. Corrected and working properly.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Sgt. M. Kavanaugh
TYPE II PERMIT NUMBER/EXPIRATION DATE 210018 exp: 02/03/2023	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 00432 ^{sq}

Temp Date Time 210L
Air Blank: 12/02/21 21:10 .000
Calibration Check: 24 12/02/21 21:10 .103

Subject Name
Test #1
Subject I.D.

Maint. Report

Operator Name: I.D. 207

Location
Sgt. Kavanaugh

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00433 ^{sq}

Temp Date Time 210L
Air Blank: 12/02/21 21:12 .000
Calibration Check: 24 12/02/21 21:12 .103

Subject Name
Test #2
Subject I.D.

Maint Report

Operator Name: I.D. 207

Location
Sgt. Kavanaugh

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00434 ^{sq}

Temp Date Time 210L
Air Blank: 12/02/21 21:14 .000
Calibration Check: 25 12/02/21 21:14 .102

Subject Name
Test #3
Subject I.D.

Maint. Report

Operator Name: I.D.

Location
Sgt. Kavanaugh 207

Warrenton Police

Department

AS IV Serial no: 097417
Version no: 532B

TEST RECORD 00435 ^{sq}

Temp Date Time 210L
VOID: RFI
12 12/02/21 21:16

Subject Name
Test #4 (RFI)
Subject I.D.

Maint. Check

Operator Name: I.D.

Location
Sgt. Kavanaugh 207

Warrenton Police

Department



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 873-761-8400 FAX: 873-761-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2969 VOICE 1-800-735-2488
 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 BOONSLICK ROAD., WARRENTON, MO 63383

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	34.02	.04

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

X *Brian Lutmer*

DHSS BAP Scientist Approving



GUTH LABORATORIES, INC.

600 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-644-4470

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, 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



**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 2/3/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210018

EXPIRES 2/3/2023

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

MO 680-0771 (8-10)

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 210018
 Date Issued 2/3/2021 Date Expires 2/3/2023