



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 100291	NAME OF AGENCY Willow Springs Police Department	DATE OF INSPECTION 12/06/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 700 W. Main Street, Willow Springs		TIME OF INSPECTION 8:37 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 Laboratories Inc LOT # 21080 EXP. DATE 03/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.9 SIM. SN MP5539 SIM. NIST EXP DATE 10/13/2022

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 .102

TEST 2 .101

TEST 3 .102

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).

INSPECTING OFFICER

SIGNATURE Wes Ellison #402

PRINT NAME
Wes Ellison #402

TYPE II PERMIT NUMBER/EXPIRATION DATE
#210025 02/20/2023

TELEPHONE NUMBER

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

12/06/21 08:37 .000
Calibration Check:
23 12/06/21 08:37 .000

Subject Name

ALCOHOL FREE

Subject I.D.

ELLISON

Operator Name, I.D.

210025

Location

WILLOW SPRINGS

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00618

Temp Date Time 210L

Air Blank:

12/06/21 08:39 .000

Calibration Check:

24 12/06/21 08:39 .102

Subject Name

TEST #1

Subject I.D.

TYPE II # 210025

Operator Name, I.D.

W. ELLISON

Location

WILLOW SPRINGS

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00619

Temp Date Time 210L

Air Blank:

12/06/21 08:41 .000

Calibration Check:

25 12/06/21 08:41 .101

Subject Name

TEST #2

Subject I.D.

TYPE II # 210025

Operator Name, I.D.

W. ELLISON

Location

WILLOW SPRINGS

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00620

Temp Date Time 210L

Air Blank:

12/06/21 08:43 .000

Calibration Check:

25 12/06/21 08:43 .102

Subject Name

TEST #3

Subject I.D.

TYPE II # 210025

Operator Name, I.D.

W. ELLISON

Location

WILLOW SPRINGS

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00621

Temp Date Time 210L

VOID: RFI

12 12/06/21 08:45

Subject Name

RFI

Subject I.D.

TYPE II # 210025

Operator Name, I.D.

W. ELLISON

Location

WILLOW SPRINGS



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5539 **Manufacturer:** Guth
Model Number: 12V500
Agency: WILLOW SPRINGS PD
Agency Address: 700 W MAIN ST, PO BOX 190, WILLOW SPRINGS, MO 65793

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 12/15/2020 **Date of Expiration:** 12/15/2021

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>
33.99	34.00	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 10/13/2021
Certification Expiration: 10/13/2022
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP5539_10132021

X Brianna Medrano

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
WES ELLISON

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, INTOX DMT

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 2/20/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210025

EXPIRES 2/20/2023

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 ELLISON, WES
 Permit No 210025
 Date Issued 2/20/2021 Date Expires 2/20/2023