


 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 102458 093.3578.252	NAME OF AGENCY Brookfield Police Dept.	DATE OF INSPECTION 06/25/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 116 W. Brooks St. Brookfield, MO 64628		TIME OF INSPECTION 2:52 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 RepCo LOT # 19002 EXP. DATE 10/16/2021

 SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2763 SIM. NIST EXP DATE 01/07/2022

 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 → .095

TEST 2 → .096

TEST 3 → .095

 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)	1
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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).

This instrument meets Dept. of Health standards.

INSPECTING OFFICER

 SIGNATURE

 PRINT NAME
 Stuart Hughes

 TYPE II PERMIT NUMBER/EXPIRATION DATE
 200188 06/15/2022

 TELEPHONE NUMBER
 (660) 258-3385

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: 102458
Version no: 5328

TEST RECORD 00846

Temp Date Time 210L

Air Blank: 06/25/21 14:52 .096
Calibration Check: 20 06/25/21 14:52 .095

Subject Name Simulator
Subject I.D.

Operator Name, I.D. S. Hughes 200188
Location BPD

AS IV Serial no: 102458
Version no: 5328

TEST RECORD 00847

Temp Date Time 210L

Air Blank: 06/25/21 14:55 .090
Calibration Check: 21 06/25/21 14:55 .096

Subject Name Simulator
Subject I.D.

Operator Name, I.D. S. Hughes 200188
Location BPD

AS IV Serial no: 102458
Version no: 5328

TEST RECORD 00848

Temp Date Time 210L

Air Blank: 06/25/21 14:57 .088
Calibration Check: 22 06/25/21 14:57 .095

Subject Name Simulator
Subject I.D.

Operator Name, I.D. S. Hughes 200188
Location BPD

AS IV Serial no: 102458
Version no: 5328

TEST RECORD 00849

Temp Date Time 210L

W01D: RFI 12 06/23/21 14:59

Subject Name RFI
Subject I.D.

Operator Name, I.D. S. Hughes 200188
Location BPD



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2066 VOICE 1-800-735-2486
 Randall W. Williams, MD, FACOG
 Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2763 Manufacturer: Guth
 Model Number: 10-4D
 Agency: BROOKFIELD PD
 Agency Address: 116 W BROOKS, BROOKFIELD, MO 64620

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: 1/7/2021
 Certification Expiration: 1/7/2022
 Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: SD2763_172021

X

DHSS BAP Scientist Approving

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

PERMIT
TYPE II

STUART W HUGHES

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 6/15/2020

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200188

EXPIRES 6/15/2022

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 406-100

2567 6/25/20 10-10

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 HUGHES, STUART
Permit No 200188
Date Issued 6/15/2020 Date Expires 6/15/2022

