



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

RECEIVED
 BY: [unclear] Date: 2/11/21 PM: 1:05

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 0105443	NAME OF AGENCY Raymore Police Department	DATE OF INSPECTION 02/04/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Circle, Raymore		TIME OF INSPECTION 2015

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 # 19341 EXP. DATE 11/18/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD 2256 SIM. NIST EXP DATE 08/24/2021

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 → **.100**

TEST 2 → **.099**

TEST 3 → **.098**

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**

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

PRINT NAME **Thomas Williams**

TYPE II PERMIT NUMBER/EXPIRATION DATE **2900060 - 03/01/2021**

TELEPHONE NUMBER
(816) 331-0530

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: 105443
Version no: 532B

TEST RECORD 01038

Temp Date Time ^{g/} 210L

Air Blank:
02/04/21 20:11 .000
Calibration Check:
21 02/04/21 20:11 .100

Subject Name

Maintenance

Subject I.D.

Test 1

Operator Name, I.D.

Williams, Thomas
290060

Location

Raymore PD

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 01039

Temp Date Time ^{g/} 210L

Air Blank:
02/04/21 20:16 .000
Calibration Check:
22 02/04/21 20:16 .099

Subject Name

Maintenance

Subject I.D.

Test 2

Operator Name, I.D.

Williams, Thomas
290060

Location

Raymore PD

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 01040

Temp Date Time ^{g/} 210L

Air Blank:
02/04/21 20:23 .000
Calibration Check:
23 02/04/21 20:23 .098

Subject Name

Maintenance

Subject I.D.

Test 3

Operator Name, I.D.

Williams, Thomas
290060

Location

Raymore PD

AS IV Serial no: 105443
Version no: 532B

TEST RECORD 01042

Temp Date Time ^{g/} 210L

VOID: RFI
12 02/04/21 20:26

Subject Name

Maintenance

Subject I.D.

Test RFI

Operator Name, I.D.

Williams, Thomas
290060

Location

Raymore PD



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2256 **Manufacturer:** Guth
Model Number: 10-4D
Agency: RAYMORE PD
Agency Address: 100 MUNICIPAL CIRCLE, RAYMORE, MO 64083

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	33.98	.04

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 8/24/2020
Certification Expiration: 8/24/2021
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: SD2256_8242020

X

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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 FN04271602 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
THOMAS WILLIAMS

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 EC/IR II

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 3/1/2019

NUMBER 290060

EXPIRES 3/1/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 WILLIAMS, THOMAS
Permit No 290060
Date Issued 3/1/2019 **Date Expires** 3/1/2021

