



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 <u>105444</u>	NAME OF AGENCY <u>City of Cleve Police Department</u>	DATE OF INSPECTION <u>09/08/2021</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>210 S Clarke Ave, Cleve, MO 65631</u>		TIME OF INSPECTION <u>1545 hours</u>

**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 # 21080 EXP. DATE 03/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 °C SIM. SN SD 2259 SIM. NIST EXP DATE 05/11/2022

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 0.096% TEST 2 0.097% TEST 3 0.097%

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).

Maintenance conducted within DHSS rules and regulations.

**INSPECTING OFFICER**

SIGNATURE  
[Signature]

PRINT NAME  
Dillon Petersen

TYPE II PERMIT NUMBER/EXPIRATION DATE  
210108 05/18/2023

TELEPHONE NUMBER  
(417) 743-5109

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: 105444  
Version no: 532R

TEST RECORD 00775

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/21 16:03 .000  
Calibration Check:  
24 09/08/21 16:03 .096

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, Mo 65631

AS IV Serial no: 105444  
Version no: 532R

TEST RECORD 00776

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/21 16:04 .000  
Calibration Check:  
24 09/08/21 16:04 .097

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, Mo 65631

AS IV Serial no: 105444  
Version no: 532R

TEST RECORD 00777

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/21 16:06 .000  
Calibration Check:  
25 09/08/21 16:06 .097

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever Mo 65631

AS IV Serial no: 105444  
Version no: 532R

TEST RECORD 00778

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 09/08/21 16:07

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, Mo 65631

AS IV Serial no: 105444  
Version no: 532R

TEST RECORD 00779

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
09/08/21 16:09 .000  
Calibration Check:  
26 09/08/21 16:09 .000

Subject Name

Blank Test

Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, MO 65631



## 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°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.*



# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: SD2259      Manufacturer: Guth  
 Model Number: 10-4D  
 Agency: CLEVER.PD  
 Agency Address: 304 S CLARKE ST, CLEVER, MO 65631

## 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>
33.99	34.00	.03

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/11/2021  
 Certification Expiration: 5/11/2022  
 Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER  
 Certification No: SD2259\_5112021

X

DHSS BAP Scientist Approving



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

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**PERMIT**  
**TYPE II**  
**DILLON PETERSEN**

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 5/18/2021

NUMBER 210108

EXPIRES 5/18/2023

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 PETERSEN, DILLON  
 Permit No 210108  
 Date Issued 5/18/2021 Date Expires 5/18/2023

