



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 <b>107977</b>	NAME OF AGENCY <b>Excelsior Springs Police Department</b>	DATE OF INSPECTION <b>02/25/2021</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>301 S Main St, Excelsior Springs, MO 64024</b>		TIME OF INSPECTION <b>1350 Hrs</b>

**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 LOT # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 C SIM. SN MP3564 SIM. NIST EXP DATE 06/03/2021

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 ← .099

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

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  
**Brian K Kennedy**

TYPE II PERMIT NUMBER/EXPIRATION DATE  
**290040 02/20/2021**

TELEPHONE NUMBER  
**816-629-7106**

**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: 107977  
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00973

Temp Date Time 210L s/  
Air Blank: 02/25/21 13:53 .000  
Calibration Check: -21 02/25/21 13:53 .100

Subject Name  
SIMULATOR  
Subject I.D.

Operator Name: I.D.  
BK KENNEDY 911  
Location  
301 S MAIN ST  
ES, MO

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 00974

Temp Date Time 210L s/  
Air Blank: 02/25/21 13:57 .000  
Calibration Check: 23 02/25/21 13:57 .099

Subject Name  
SIMULATOR  
Subject I.D.

Operator Name: I.D.  
BK KENNEDY 911  
Location  
301 S MAIN ST  
ES MO

AS IV Serial no: 107977  
Version no: 532D

TEST RECORD 00975

Temp Date Time 210L s/  
Air Blank: 02/25/21 13:59 .000  
Calibration Check: 23 02/25/21 13:59 .099

Subject Name  
SIMULATOR  
Subject I.D.

Operator Name: I.D.  
BK KENNEDY 911  
Location  
301 S MAIN ST  
ES, MO

AS IV Serial no: 107977  
Version no: 532B

TEST RECORD 00976

Temp Date Time 210L s/  
Air Blank: 02/25/21 14:01  
Calibration Check: 23 02/25/21 14:01

Subject Name  
SIMULATOR  
Subject I.D.

Operator Name: I.D.  
BK KENNEDY 911  
Location  
301 S MAIN ST  
ES, MO



**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 1-800-735-2966 VOICE 1-800-735-2466

**Randall W. Williams, MD, FACOG**  
Director



**Michael L. Parson**  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** MP3564      **Manufacturer:** Guth  
**Model Number:** 12V500  
**Agency:** EXCELSIOR SPRINGS  
**Agency Address:** 301 S MAIN, EXCELSIOR SPRINGS, MO 64024

## NIST THERMOMETER INFORMATION

**Serial Number:** 17KMM00690      **Bias:** 0.00  
**Uncertainty:** 0.02  
**Date of Certification:** 10/10/2019      **Date of Expiration:** 10/10/2020

## 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:** 6/3/2020  
**Certification Expiration:** 6/3/2021  
**Simulator testing technician:** M. BOND

**Notes on Condition:** none

**Deviation(s) from method:** none

**DHSS BAP Scientist Approving:** B. LUTMER  
**Certification No:** MP3564\_632020

X *Brian Lutmer*

DHSS BAP Scientist Approving



## **GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-5470

### **CERTIFICATE OF ANALYSIS**

**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 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 FN02271802 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**

**BRIAN K KENNEDY**

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 2/20/2019

NUMBER 290040

EXPIRES 2/20/2021

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 **KENNEDY, BRIAN**  
 Permit No **290040**  
 Date issued **2/20/2019** Date Expires **2/20/2021**

