



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 107977	NAME OF AGENCY Excelsior Springs Police Department	DATE OF INSPECTION 11/08/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S Main St, Excelsior Springs, MO 64024		TIME OF INSPECTION 14:36

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 # 21190 EXP. DATE 06/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 C SIM. SN MP3564 SIM. NIST EXP DATE 06/09/2022

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 ← <u>.098</u>	TEST 2 ← <u>.098</u>	TEST 3 ← <u>.097</u>
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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	<u>1</u>	(0-.04)	<u>0</u>	(.05-.09)	<u>0</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>0</u>	(OVER .19)	<u>0</u>
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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 *[Signature]*

PRINT NAME
Brian K Kennedy

TYPE II PERMIT NUMBER/EXPIRATION DATE
210044 03/16/2023

TELEPHONE NUMBER
816-629-7105

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 01063 s/
Temp Date Time 210L

VOID: RFI
12 11/08/21 15:50

Subject Name

SIMULATOR
Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01060 s/
Temp Date Time 210L

Air Blank:
11/08/21 15:46 .000
Calibration Check:
22 11/08/21 15:46 .098

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

SIMULATOR

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01061 s/
Temp Date Time 210L

Air Blank:
11/08/21 15:48 .000
Calibration Check:
23 11/08/21 15:48 .098

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01062 s/
Temp Date Time 210L

Air Blank:
11/08/21 15:49 .000
Calibration Check:
24 11/08/21 15:49 .097

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KENNEDY 911

Location

ESPD



GUTH LABORATORIES, INC.

690 NORTH 97th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-694-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on June 9, 2021, 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 June 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: 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: 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: 6/9/2021
 Certification Expiration: 6/9/2022
 Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
 Certification No: MP3564_692021

X

DHSS BAP Scientist Approving



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

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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 3/16/2021



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210044

EXPIRES 3/16/2023



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 **210044**
Date Issued **3/16/2021** Date Expires **3/16/2023**

