



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Tracy Crews at 1:59 pm, Nov 24, 2021

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 11/24/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S Main St, Excelsior Springs, MO 64024		TIME OF INSPECTION 1330

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 06/09/2022

- 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 .100	TEST 2 .099	TEST 3 .098
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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 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 1	(.15-.19) 0	(OVER .19) 0
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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 	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 IU Serial no: 187977
Version no: 532B

TEST RECORD 01884

Temp Date Time 210L ^{9/}
Air Blank: 11/24/21 13:34 .000
Calibration Check: 20 11/24/21 13:34 .100

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KEWBOY 911

Location

ESPD

AS IU Serial no: 187977
Version no: 532B

TEST RECORD 01885

Temp Date Time 210L ^{9/}
Air Blank: 11/24/21 13:36 .000
Calibration Check: 21 11/24/21 13:36 .099

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KEWBOY 911

Location

ESPD

AS IU Serial no: 187977
Version no: 532B

TEST RECORD 01886

Temp Date Time 210L ^{9/}
Air Blank: 11/24/21 13:38 .000
Calibration Check: 22 11/24/21 13:38 .098

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KEWBOY 911

Location

ESPD

AS IU Serial no: 187977
Version no: 532B

TEST RECORD 01887

Temp Date Time 210L ^{9/}
VOID: RFI 12 11/24/21 13:38

Subject Name

SIMULATOR

Subject I.D.

Operator Name, I.D.

KEWBOY 911

Location

ESPD

AS IU Serial no: 187977
Version no: 532B

TEST RECORD 01884

Temp Date Time 210L s/

Air Blank: 11/24/21 13:34 .000
Calibration Check: 20 11/24/21 13:34 .100

Subject Name

SIMULATED

Subject I.D.

Operator Name, I.D.

KEANEY 911

Location

ESPD

AS IU Serial no: 187977
Version no: 532B

TEST RECORD 01885

Temp Date Time 210L s/

Air Blank: 11/24/21 13:36 .000
Calibration Check: 21 11/24/21 13:36 .099

Subject Name

SIMULATED

Subject I.D.

Operator Name, I.D.

KEANEY 911

Location

ESPD

AS IU Serial no: 187977
Version no: 532B

TEST RECORD 01886

Temp Date Time 210L s/

Air Blank: 11/24/21 13:38 .000
Calibration Check: 22 11/24/21 13:38 .098

Subject Name

SIMULATED

Subject I.D.

Operator Name, I.D.

KEANEY 911

Location

ESPD

AS IU Serial no: 187977
Version no: 532B

TEST RECORD 01887

Temp Date Time 210L s/

VOID: RF1
12 11/24/21 13:38

Subject Name

SIMULATED

Subject I.D.

Operator Name, I.D.

KEANEY 911

Location

ESPD



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 *Brian Lutmer*

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 **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.



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 3/16/2021

NUMBER 210044

EXPIRES 3/16/2023

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

