

RECEIVED

By Tracy Crews at 12:46 pm, Oct 13, 2021

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 108388	NAME OF AGENCY St. Louis Co. Police Dept	DATE OF INSPECTION 10/08/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1200 South Holden St. Warrensburg Mo 64093		TIME OF INSPECTION 11:38 am

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) 34.00 SIM. SN MP 2117 SIM. NIST EXP DATE 01/19/2022 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% INCLUSIVETEST 1 .101TEST 2 .100TEST 3 .101 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-.04)

(.05-.09)

(.10-.14)

(.15-.19)

(OVER .19)

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).

Replaced exhaust manifold, Calibration

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Matthew Bond

TYPE II PERMIT NUMBER/EXPIRATION DATE

210195 09/02/2023

TELEPHONE NUMBER

(660) 543-4597

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: 108388
Version no: 532B

TEST RECORD 00675

Temp Date Time 210L ^{a/}

Air Blank:
10/08/21 11:36 .000
Calibration Check:
24 10/08/21 11:36 .100

Subject Name

Calibrator

Subject I.D.

Operator Name, I.D.

MATTHEW Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 108388
Version no: 532B

TEST RECORD 00676

Temp Date Time 210L ^{a/}

Air Blank:
10/08/21 11:38 .000
Calibration Check:
25 10/08/21 11:38 .101

Subject Name

TEST

Subject I.D.

#1

Operator Name, I.D.

MATTHEW Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 108388
Version no: 532B

TEST RECORD 00677

Temp Date Time 210L ^{a/}

Air Blank:
10/08/21 11:39 .000
Calibration Check:
26 10/08/21 11:39 .100

Subject Name

TEST

Subject I.D.

#2

Operator Name, I.D.

MATTHEW Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 108388
Version no: 532B

TEST RECORD 00678

Temp Date Time 210L ^{a/}

Air Blank:
10/08/21 11:41 .000
Calibration Check:
26 10/08/21 11:41 .101

Subject Name

TEST

Subject I.D.

#3

Operator Name, I.D.

MATTHEW Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 108388
Version no: 532B

TEST RECORD 00679

Temp Date Time 210L ^{a/}

VOID: RFI
12 10/08/21 11:43

Subject Name

TEST

Subject I.D.

RF

Operator Name, I.D.

MATTHEW Bond 210195

Location 9-2-2023

MSC

AS IV Serial no: 108388
Version no: 532B

TEST RECORD 00680

Temp Date Time 210L ^{a/}

Air Blank:
10/08/21 11:44 .000
Subject Test: Auto
27 10/08/21 11:44 .000

Subject Name

Blank

Subject I.D.

TEST

Operator Name, I.D.

MATTHEW Bond 210195

Location 9-2-2023

MSC



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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 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

2

PERMIT
TYPE II
MATT B. BOND

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

INTOX DMT, INTOXILYZER 8000, INTOX EC/IR II, ASIV W/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 9/2/2021

NUMBER 210195

EXPIRES 9/2/2023

MO 580-0771 (6-10)

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Ramsey

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)