


 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 108392	PRINTER SN 099.3586.814	DATE OF INSPECTION 01/26/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 5490 5th St. Cottleville MO 63304		TIME OF INSPECTION 9:41 pm

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 # 19370 EXP. DATE 12/09/2021
☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34C SIMULATOR SN MP4952 SIMULATOR EXP DATE 07/14/2021
☒ 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 ➡ .101

TEST 2 ➡ .101

TEST 3 ➡ .100

☒ 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	1	(0-.04)	1	(.05-.09)	(.10-.14)	1	(.15-.19)	0	(OVER .19)	1
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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

Richard Phillips

TYPE II PERMIT NUMBER/EXPIRATION DATE

200079 02-06-2022

TELEPHONE NUMBER

(636) 498-6464

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Poplar Bluff, MO 63901

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00701

Temp Date Time 210L

Air Blank:
01/26/21 21:40 .000
Calibration Check:
21 01/26/21 21:40 .101

Subject Name

TEST 1

Subject I.D.

200079

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00702

Temp Date Time 210L

Air Blank:
01/26/21 21:43 .000
Calibration Check:
22 01/26/21 21:43 .101

Subject Name

TEST 2

Subject I.D.

200079

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00703

Temp Date Time 210L

Air Blank:
01/26/21 21:44 .000
Calibration Check:
22 01/26/21 21:44 .100

Subject Name

TEST 3

Subject I.D.

200079

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00704

Temp Date Time 210L

VOID: RFI
12 01/26/21 21:46

Subject Name

RFI TEST

Subject I.D.

200079

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00705

Temp Date Time 210L

Air Blank:
01/26/21 21:48 .000
Subject Test: Auto
23 01/26/21 21:48 .000

Subject Name

ZERO TEST

Subject I.D.

200079

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

**Missouri Department of Health and Senior Services**P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 673-751-6400 FAX: 673-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466Randall W. Williams, MD, FACOG
DirectorMichael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP4952 Manufacturer: Guth
Model Number: 12V500
Agency: COTTLEVILLE PD
Agency Address: 5490 FIFTH STREET, COTTLEVILLE, MO 63304

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 Bias: 0.00
Uncertainty: 0.02
Date of Certification: 1/23/2020 Date of Expiration: 1/23/2021

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: 7/14/2020
Certification Expiration: 7/14/2021
Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP4952_7142020

X *Brian Lutmer*

DHSS BAP Scientist Approving

**GUTH LABORATORIES, INC.**

580 NORTH 57TH STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5476

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **19370** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **December 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1199%** (w/vol) ethyl alcohol. The expiration date for this lot number is **December 9, 2021** 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 FN04271602 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

RICHARD PHILLIPS

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 2/6/2020

NUMBER 200079

EXPIRES 2/6/2022


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (6-10)

LAB-4 (HS-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 PHILLIPS, RICHARD

Permit No 200079

Date Issued 2/6/2020 Date Expires 2/6/2022

