



RECEIVED  
07/19/2021 09:11 AM

**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 111647	NAME OF AGENCY NORMANDY PD	DATE OF INSPECTION 09/30/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 7700 NATURAL BRIDGE, NORMANDY, MO		TIME OF INSPECTION 8:42 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 # 21080 EXP. DATE 03/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD1615 SIM. NIST EXP DATE 07/28/2022

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  .099

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)	0	(.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).

Time was changed

**INSPECTING OFFICER**

SIGNATURE *Brandon Lange*

PRINT NAME  
BRANDON LANGE

TYPE II PERMIT NUMBER/EXPIRATION DATE  
210148 07/23/2023

TELEPHONE NUMBER  
(314) 385-3300

**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: 111647  
Version no: 532B

TEST RECORD 00335

Temp Date Time 210L

Air Blank:  
09/30/21 08:42 .000  
Calibration Check:  
21 09/30/21 08:42 .099

Subject Name

mant 1

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy PD

AS IV Serial no: 111647  
Version no: 532B

TEST RECORD 00336

Temp Date Time 210L

Air Blank:  
09/30/21 08:43 .000  
Calibration Check:  
21 09/30/21 08:43 .099

Subject Name

mant 2

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy PD

AS IV Serial no: 111647  
Version no: 532B

TEST RECORD 00337

Temp Date Time 210L

Air Blank:  
09/30/21 08:45 .000  
Calibration Check:  
22 09/30/21 08:45 .099

Subject Name

mant 3

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy PD

AS IV Serial no: 111647  
Version no: 532B

TEST RECORD 00338

Temp Date Time 210L

VOID: RFI  
12 09/30/21 08:46

Subject Name

RFI

Subject I.D.

N/A

Operator Name, I.D.

Samy 206

Location

Normandy PD

AS IV Serial no: 111647  
Version no: 532B

TEST RECORD 00339

Temp Date Time 210L

Air Blank:  
09/30/21 08:47 .000  
Subject Test: Auto  
22 09/30/21 08:47 .000

Subject Name

Samy

Subject I.D.

206

Operator Name, I.D.

Samy 206

Location

Normandy PD





**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

**Robert J. Knodell**  
Acting Director



**Michael L. Parson**  
Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

**Simulator Serial Number:** SD1615      **Manufacturer:** Guth  
**Model Number:** 10-4D  
**Agency:** NORMANDY PD  
**Agency Address:** 7700 NATURAL BRIDGE RAOD, NORMANDY, MO 63121

## 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>
34.00	34.01	.03

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.


**Date of testing:** 7/28/2021  
**Certification Expiration:** 7/28/2022  
**Simulator testing technician:** D. DEBOARD

**Notes on Condition:** none

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

**DHSS BAP Scientist Approving:** B. LUTMER

**Certification No:** SD1615\_7282021

X  \_\_\_\_\_

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 **21080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 10, 2021**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1214%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 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

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**PERMIT  
 TYPE II**

**BRANDON W. LANGE**

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 7/23/2021

NUMBER 210148

EXPIRES 7/23/2023

*Laura E. Wray*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Robt. K. ...*

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 LANGE, BRANDON  
 Permit No 210148  
 Date Issued 7/23/2021 Date Expires 7/23/2023

