## RECEIVED

By Tracy Crews at 9:49 am, Aug 27, 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 Send copy to Department of Health a	ne time of the regular mon nd Senior Services; retain	ithly preventative mair original in departmen	ntenance check, a t file.	nd whene	ver instrument is	s repaired	
ALCO SENSOR IV SN 111660	NAME OF AGENC	NAME OF AGENCY Fredericktown Police			DATE OF INSPECTION 08/26/2021		
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St Fredericktown				TIME OF INSPECTION 10:05 am			
CHECKLIST: Place a mark in the box where determined.) Unmarked items is	by each item if found to be must be corrected before u	satisfactory or if opera	ting within establis			ved values	
DIGITAL READOUT (ALL ELEME				300049		1311	
☑ TEMPERATURE OF ALCO SENS	SOR (10°C - 40°C)			71153855			
PRINTER WORKING PROPERLY	<i>Y</i>			195-51()			
TIME AND DATE DISPLAYING P	ROPERLY	- 100 - 100					
BREATH ALCOHOL ACCURACY ST	ANDARDS						
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE							
✓ STANDARD SUPPLIER GUTH Laboratories LOT # 21080 EXP. DATE 03/08/2023						WW.	
Z CIMULATOR TEMPERATURE (2002 - 200)					IST EXP DATE 11/06/2021		
less. Check the box corresponding  0.100% STANDARD - MUST  0.080% STANDARD - MUST  0.040% STANDARD - MUST	READ BETWEEN 0.095% READ BETWEEN 0.076%	6 and 0.105% INCLUS 6 and 0.084% INCLUS	SIVE SIVE				
TEST 1 .099	TEST 2 ● .098	TEST 2 ● .098		TEST 3 € .099			
RFI DETECTOR OPERATING		Topological Control of the Control o	<u></u>	-01M26	IN THE STATE OF TH		
INDICATE THE NUMBER OF BREATI (DO NOT INCLUDE SELF-ADMINISTI	H TESTS IN THE FOLLO	WING RANGES SINC	E THE LAST MA	NTENAN	CE REPORT:		
143.14.17	0 (.0509) 0	(.1014) 0	(.1519)	1	(OVER .19)	0	
List any new parts and describe any a established limits (use other side if neo Instrument is operating properly	Iteration or modification thessary).	nat was made to resto	ore the instrument	to operate	satisfactorily a	nd within	
NSPECTING OFFICER SIGNATURE PYPE II PERMIT NUMBERIEX PLANTON DATE 200271 - 10/19/2022	<u>en</u>		PRINT NAME Sgt. Michael TELEPHONE NUMBE (573) 783-36	R .	n		
Return completed report to the: Bre	ath Alcohol Program, MO mail, fax, or email.	Department of Health			east District Offi	ice	

AS IV Serial no: 111660 Version no: 532B

TEST RECORD 00616

210L Date

Air Blank: 08/26/21 10:15 .000 Subject Test: Auto 20 08/26/21 10:15 .000

Subject Name BLANK

Subject I.D. MONTHLY Meerator Name, I.D.

SLETTEN -200271 Location

FREDERICK ZUWN

AS IV Serial no: 111660 Version no: 5328

TEST RECORD 00617

Time 210L Date

Air Blank: 08/26/21 10:17 .000 Calibration Check: 21 08/26/21 10:17 .099

Subject Name

Subject I.D.

Operator Name:

Location

TOFDIFFICK

AS IV Serial no: 111660 Version no: 5328

TEST RECORD 00619

9/ Date Time 210L Temp

Air Blank: 08/26/21 10:20 .000 Calibration Check:

22 08/26/21 10:20 .098

Subject Name

AMPLE

Subject I.D.

LONTHIM Operator Name:

FDFRICKTOW

AS IV Serial no: 111660 Version no: 532B

TEST RECORD 00620

Temp Date Time 210L

Air Blank: 08/26/21 10:22 .000 Calibration Check:

23 08/26/21 10:22 .099

Subject Name

DAMP(15)

MONTHLY Operator Name,

FREDERICK

AS IV Serial no: 111660 Version no: 532B

TEST RECORD 00618

Time 210L Date Temp

UNITH: RFI 12 08/26/21 10:18

Subject Name

Subject I.D.

Operator Name, I.D.

Location

LBFDERICK TOW



#### 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



Michael L. Parson Governor

Randall W. Williams, MD, FACOG

## SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: MP2936

Manufacturer: Guth

Model Number:

12V500

Agency:

FREDERICKTOWN PD

Agency Address: 120 W MAIN ST, FREDERICKTOWN, MO 63645

### 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

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.02

.04

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

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

2/2/2021

Certification Expiration:

2/2/2022

Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

B. LUTMER

Certification No: '

MP2936 222021

DHSS BAP Scientist Approving

Simulator Calibration Certification Issued by Lab Manager, DHSS BAP Revision Date: 05/16/2018

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 1 Page 1 of 1



#### 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°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.

AS IV Serial no: 111660 Version no: 532B

Last Calibration: 11/25/19 15:36 .100

Test Results:
00615 Subject Test: Auto
-21 08/21/21 22:22 .190
02.5 Lit. 06.2 Sec.
00616 Subject Test: Auto
-20 08/26/21 10:15 .000
01.5 Lit. 03.5 Sec.
00617 Calibration Check:
-21 08/26/21 10:17 .099
08.0 Lit. 00.0 Sec.
00618 VOID: RFI
12 08/26/21 10:18
00.0 Lit. 00.0 Sec.
00619 Calibration Check:
-22 08/26/21 10:20 .098
00.0 Lit. 00.0 Sec.
00620 Calibration Check:
-23 08/26/21 10:22 .099
00.0 Lit. 00.0 Sec.



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# MICHAEL D SLETTEN

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 10/19/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200271

EXPIRES 10/19/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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 at in Missouri.

Operator SLETTEN, MICHAEL

Permit No 200271

Date Issued 10/19/2020 Date Expires 10/19/2022

