



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 111768	NAME OF AGENCY FAIRGROVE PD	DATE OF INSPECTION 6-12-2021
LOCATION OF INSTRUMENT (STREET AND CITY) 81 S ORCHARD FAIRGROVE P.D.		TIME OF INSPECTION 16:55

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 **QUANT LABORATORIES** LOT # **21080** EXP. DATE **3-8-23**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.00°C** SIM. SN **MO 5534** SIM. NIST EXP DATE **5-12-2022**

- 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 • .102	TEST 2 • .100	TEST 3 • .099
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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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

TESTED IN ACCORDANCE WITH DHSS
STANDARDS AND REGULATIONS

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME DAVID JOHNSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 210102	TELEPHONE NUMBER EXP: 5-18-2023 (417) 759-6182

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

(F&P.D) 81 S ORCHARD FAIRGROVE, MO. 65648

TEST # 1

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00589

Temp	Date	Time	%
		2101	

Air Blank:
06/12/21 17:37 .000
Calibration Check:
20 06/12/21 17:37 .102

Subject Name

TEST # 1

Subject I.D.

TEST # 1
Operator Name, I.D.

D. Johnson

Location

81 S ORCHARD

FAIRGROVE, MO
65648

TEST # 2

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00590

Temp	Date	Time	%
		2101	

Air Blank:
06/12/21 17:39 .000
Calibration Check:
21 06/12/21 17:39 .100

Subject Name

TEST # 2

Subject I.D.

TEST # 2

Operator Name, I.D.

D. Johnson

Location

81 S ORCHARD
FAIRGROVE P.D.

TEST # 3

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00591

Temp	Date	Time	%
		2101	

Air Blank:
06/12/21 17:41 .000
Calibration Check:
22 06/12/21 17:41 .099

Subject Name

TEST # 3

Subject I.D.

D. Johnson

Operator Name, I.D.

Location

81 S ORCHARD
FAIRGROVE PD

RFF TEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00588
Temp Date Time 2101

VOID: RFI
12 06/12/21 16:35

Subject Name

RFF TEST

Subject I.D.

Operator Name, I.D.

D. Johnson

Location

81 S ORCHARD

FAIRGROVE PD

BACKTEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00592

Temp	Date	Time	%
		2101	

Air Blank:
06/12/21 17:43 .000
Subject Test: Auto
23 06/12/21 17:41 .000

Subject Name

BACKTEST

Subject I.D.

TEST

Operator Name, I.D.

D. Johnson

Location

81 S ORCHARD
FAIRGROVE PD



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • 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.



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5534 **Manufacturer:** Guth
Model Number: 12V500
Agency: FAIR GROVE PD
Agency Address: 81 S. ORCHARD BLVD, FAIR GROVE, MO 65648

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00689 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 12/15/2020 **Date of Expiration:** 12/15/2021

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>
34.01	34.01	.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/12/2021
Certification Expiration: 5/12/2022
Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP5534_5122021

X *Brian Lutmer*

DHSS BAP Scientist Approving



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
DAVID JOHNSON

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 5/18/2021

NUMBER 210102

EXPIRES 5/18/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R8-10)

MO 680-0771 (6-10)



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 JOHNSON, DAVID

Permit No 210102

Date Issued 5/18/2021 Date Expires 5/18/2023

