

RECEIVED

By Tracy Crews at 7:34 am, Jul 22, 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 <u>111768</u>	NAME OF AGENCY <u>FAIR GROVE POLICE Dept.</u>	DATE OF INSPECTION <u>7-13-2021</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>815 ORCHARD BLVD FAIRGROVE MO - 65648</u>		TIME OF INSPECTION <u>10:35</u>

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 Labs Inc LOT # 21080 EXP. DATE 3/8/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0°C SIM. SN MD5534 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 • .101

TEST 2 • .101

TEST 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).

AS # WAS TESTED IN ACCORDANCE WITH
DHS STANDARDS AND REGULATIONS.
* CHANGED PRINTED TAPE *

INSPECTING OFFICER

SIGNATURE

PRINT NAME DAVID JOHNSON

TYPE II PERMIT NUMBER/EXPIRATION DATE
210102 5/18/2023

TELEPHONE NUMBER
(417) 757-6482

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

TEST 1

11768

00596

Temp Date Time 210L

Air Blank: 07/13/21 10:40 .000
Calibration Check: 21 07/13/21 10:40 .101

Subject: TEST 1

Subject I.D. TEST Dpauw 1205

Operator Name, I.D. BLS. Orland

Location: FACU POL PD.

Fairfax MO. 65648

TEST 2

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00597

Temp Date Time 210L

Air Blank: 07/13/21 10:43 .000
Calibration Check: 19 07/13/21 10:43 .101

Subject Name: TEST 2

Subject I.D. TEST 2

Operator Name, I.D. D. Pauw 1205

Location: BLS ORLAND

Fairfax MO 65648

TEST # 3

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00598

Temp Date Time 210L

Air Blank: 07/13/21 10:46 .000
Calibration Check: 21 07/13/21 10:46 .101

Subject Name: TEST 3

Subject I.D. D. Pauw 1205

Operator Name, I.D.

Location: BLS ORLAND

Fairfax MO 65648

REF TEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00600

Temp Date Time 210L

VOID: (RFI) 12 07/13/21 10:50

Subject Name: REF TEST

Subject I.D. BLS TEST

Operator Name, I.D. D. Pauw 1205

Location: BLS ORLAND

Fairfax MO 65648

BLANK TEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00599

Temp Date Time 210L

Air Blank: 07/13/21 10:48 .000
Subject Test: AUTO 21 07/13/21 10:48 .000

Subject Name: BLANK TEST

Subject I.D. BLANK TEST

Operator Name, I.D. D. Pauw 1205

Location: BLS ORLAND

Fairfax MO 65648



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°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.



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: 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

MO 680-0771 (8-10)

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 air in Missouri.

Operator JOHNSON, DAVID
 Permit No 210102
 Date Issued 5/18/2021 Date Expires 5/18/2023

