



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>FAIRGROVE P.D.</u>	DATE OF INSPECTION <u>8-12-2021</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>815. ORCHARD FAIRGROVE MO. 65048</u>		TIME OF INSPECTION <u>23:21</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 LOT # 21080 EXP. DATE 3-8-23
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01°C SIM. SN M05534 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 <u>.102</u>	TEST 2 <u>.101</u>	TEST 3 <u>.100</u>
--------------------	--------------------	--------------------

- 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) <u>1</u>
----------	---------	-----------	-----------	-----------	---------------------

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).
Passed all tests. All tests were conducted under DHS standards and regulations.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME <u>David Johnson</u>
TYPE & PERMIT NUMBER/EXPIRATION DATE <u># 210102</u>	TELEPHONE NUMBER <u>(417) 759-6482</u>

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

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00602

Temp Date Time s/
210L

Air Blank:
08/12/21 23:26 .000
Calibration Check:
18 08/12/21 23:26 .102

Subject Name
TEST # 1

Subject I.D.
TEST

Operator Name, I.D.
D. Johnson 1205

Location
BC S Orchard

Fairgrove PD.
65648

TEST # 2

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00603

Temp Date Time s/
210L

Air Blank:
08/12/21 23:29 .000
Calibration Check:
19 08/12/21 23:29 .101

Subject Name
TEST # 2

Subject I.D.
TEST

Operator Name, I.D.
D. Johnson 1205

Location
BC S Orchard

Fairgrove PD.
65648

TEST # 3

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00604

Temp Date Time s/
210L

Air Blank:
08/12/21 23:32 .000
Calibration Check:
21 08/12/21 23:32 .100

Subject Name
TEST # 3

Subject I.D.
TEST

Operator Name, I.D.
D. Johnson 1205

Location
BC S Orchard

Fairgrove PD.
65648

R.F.F. TEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00605

Temp Date Time s/
210L

VOID: RFI
12 08/12/21 23:34

Subject Name
R.F.F. TEST

Subject I.D.
R.F.F.

Operator Name, I.D.
D. Johnson 1205

Location
BC S Orchard

Fairgrove PD.
65648

BLANK TEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00606

Temp Date Time s/
210L

Air Blank:
08/12/21 23:38 .000
Subject Test: Auto
22 08/12/21 23:38 .000

Subject Name
BLANK TEST

Subject I.D.
BLANK

Operator Name, I.D.
D. Johnson 1205

Location
BC S Orchard

Fairgrove PD.
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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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.



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

Robert J. Knodell
 Acting Director

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

MO 680-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 air in Missouri.

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

