



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 Fair Grove P.P.	DATE OF INSPECTION 12-12-2021
LOCATION OF INSTRUMENT (STREET AND CITY) 81 S ORCHARD, FAIR GROVE MO. LESCHER	TIME OF INSPECTION 1057	

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 **ADJUSTED TIME (2 minutes)**

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER **Gamma Labs** LOT # **21080** EXP. DATE **7-8-2025**
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) **39.01°C** SIM. SN **MO 5534** SIM. NIST EXP DATE **05-12-2027**

- 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
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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).

NEW PRINTER RIKADION, NEW ROLL PAPER
TEST IN ACCORDANCE WITH DHS STANDARDS AND REQUIREMENTS.
PASSED ALL TESTS.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME DAVID JOHNSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 210102 5-18-2023	TELEPHONE NUMBER 417 759-6482

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

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00642

Temp Date Time ^{s/} 210L

Air Blank:
12/12/21 11:20 .000
Calibration Check:
23 12/12/21 11:20 .099

Subject Name

TEST 1

Subject I.D.

D. Jones

Operator Name, I.D.

D Jones 210102

Location

Bl S Orchard

Fairfax PD

TEST 2

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00643

Temp Date Time ^{s/} 210L

Air Blank:
12/12/21 11:21 .000
Calibration Check:
24 12/12/21 11:21 .099

Subject Name

TEST 2

Subject I.D.

D Jones

Operator Name, I.D.

D Jones 210102

Location

Bl S Orchard

Fairfax PD

TEST 3

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00644

Temp Date Time ^{s/} 210L

Air Blank:
12/12/21 11:22 .000
Calibration Check:
24 12/12/21 11:22 .099

Subject Name

TEST 3

Subject I.D.

D Jones

Operator Name, I.D.

D Jones 210102

Location

Bl S Orchard

Fairfax PD

RFI TEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00645

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/12/21 11:24

Subject Name

RFI TEST

Subject I.D.

TEST

Operator Name, I.D.

D Jones 210102

Location

Bl S Orchard

Fairfax PD

BLANK TEST

AS IV Serial no: 111768
Version no: 532B

TEST RECORD 00646

Temp Date Time ^{s/} 210L

Air Blank:
12/12/21 11:25 .000
Subject Test: Auto
25 12/12/21 11:25 .000

Subject Name

BLANK TEST

Subject I.D.

TEST

Operator Name, I.D.

D Jones 210102

Location

Bl S Orchard

Fairfax PD



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

Brian Lutmer

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
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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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210102

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 5/18/2023

MO 680-Q771 (6-10)

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**