



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<br><u>105444</u>  | NAME OF AGENCY<br><u>City of Clever Police Department</u> | DATE OF INSPECTION<br><u>01/12/2022</u> |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br><u>210 S Clarke Ave, Clever, Missouri 65631</u> |   | TIME OF INSPECTION<br><u>0210 hours</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 Laborat LOT # 21080 EXP. DATE 03/08/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 °C SIM. SN SD 2259 SIM. NIST EXP DATE 05/11/2022

- 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>0.100 %</u> | TEST 2 <u>0.099 %</u> | TEST 3 <u>0.099 %</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 <u>0</u> | (0-.04) <u>0</u> | (.05-.09) <u>0</u> | (.10-.14) <u>0</u> | (.15-.19) <u>0</u> | (OVER .19) <u>0</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).

Instrument was reading low. Conducted calibration and adjusted accordingly. Calibration and maintenance was conducted within DHSS rules and regulations.

**INSPECTING OFFICER**

|   |   |
|---|---|
| SIGNATURE<br><u>[Signature]</u>                                   | PRINT NAME<br><u>Dillon Petersen</u>      |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br><u>210108 05/18/2023</u> | TELEPHONE NUMBER<br><u>(417) 743-5109</u> |

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

Version no: 532B

TEST RECORD 00833

| Temp         | Date        | Time  | g/L  |
|--------------|-------------|-------|------|
| Air Blank:   | 01/12/22    | 02:31 | .000 |
| Calibration: | 25 01/12/22 | 02:31 | .100 |

Subject Name

Calibration

Subject I.D.

Operator Name: I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, MO 65631

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00834

| Temp               | Date        | Time  | g/L  |
|--------------------|-------------|-------|------|
| Air Blank:         | 01/12/22    | 02:33 | .000 |
| Calibration Check: | 26 01/12/22 | 02:33 | .100 |

Subject Name

Calibration Check

Subject I.D.

Operator Name: I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, MO 65631

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00835

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
01/12/22 02:36 .000  
Calibration Check:  
27 01/12/22 02:36 .100

Subject Name

Test 1  
Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever Mo 65631

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00836

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
01/12/22 02:38 .000  
Calibration Check:  
28 01/12/22 02:38 .099

Subject Name

Test 2  
Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, MO 65631

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00837

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
01/12/22 02:40 .000  
Calibration Check:  
28 01/12/22 02:40 .099

Subject Name

Test 3  
Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, MO 65631

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00838

Temp Date Time <sup>9/</sup> 210L

VOID: RFI  
12 01/12/22 02:41

Subject Name

RFI Test  
Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever, MO 65631

AS IV Serial no: 105444  
Version no: 532B

TEST RECORD 00839

Temp Date Time <sup>9/</sup> 210L

Air Blank:  
01/12/22 02:43 .000  
Calibration Check:  
29 01/12/22 02:43 .000

Subject Name

Blank Test  
Subject I.D.

Operator Name, I.D.

Dillon Petersen 210108

Location

210 S Clarke Ave

Clever MO 65631



# 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

Robert J. Knodell
Acting Director



Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: SD2259 Manufacturer: Guth
Model Number: 10-4D
Agency: CLEVER.PD
Agency Address: 304 S CLARKE ST, CLEVER, MO 65631

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

Table with 3 columns: Simulator Average (33.99), NIST Average (34.00), Combined Uncertainty (.03)

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 5/11/2021
Certification Expiration: 5/11/2022
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER

Certification No: SD2259\_5112021

Handwritten signatures and initials

DHSS BAP Scientist Approving



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

2

**PERMIT**  
**TYPE II**  
**DILLON PETERSEN**

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 210108

EXPIRES 5/18/2023

MO 580-0771 (6-13)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (P6-10)

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 PETERSEN, DILLON  
 Permit No 210108  
 Date Issued 5/18/2021 Date Expires 5/18/2023