

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 Send copy to Department of Health and Sen | of the regular monthly preventative mainte | enance check, and whenever instrument is repaired. |
|--|---|---|
| ALCO SENSOR IV SN 10544 LOCATION OF INSTRUMENT (STREET AND CITY) 210 5 (Jackse Avg. Clause | NAME OF AGENCY City of Clever Police Mo 65631 h item if found to be satisfactory or if operating | The Contract of American Annual |
| DIGITAL READOUT (ALL ELEMENTS C | OPERATIONAL) | |
| TEMPERATURE OF ALCO SENSOR (1 | 0°C - 40°C) | |
| PRINTER WORKING PROPERLY | The second control of | TO MATERIAL STATE OF |
| TIME AND DATE DISPLAYING PROPE | RLY | |
| BREATH ALCOHOL ACCURACY STANDA | | |
| SIMULATOR SOLUTION | ☐ COMPRESS | ED ETHANOL-GAS MIXTURE |
| M STANDARD SUPPLIER Guth Lat | poratories LOT# 21080 | EXP. DATE 03/08/2023 |
| SIMULATOR TEMPERATURE (34°C ± C | 0.2°C) 34.0°C SIM. SN 5D22 | 59 SIM. NIST EXP DATE 05/11/2022 |
| 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ | BETWEEN 0.095% and 0.105% INCLUSIVED BETWEEN 0.095% and 0.084% INCLUSIVED BETWEEN 0.076% and 0.084% INCLUSIVED BETWEEN 0.038% and 0.042% INCLUSIVED | /E |
| | TEST 2 * 0.101% | TEST 3 - 0.101% |
| RFI DETECTOR OPERATING | | |
| i and any and all | (.0509) (.1014) | THE LAST MAINTENANCE REPORT: (0VER .19) (OVER .19) (a) the instrument to operate satisfactorily and within |
| (The state of the | v). ed within DHSS rules | |
| INSPECTING OFFICER | | |
| 210 108 05/18/2023 | | PRINT NAME Dillon Petersen TELEPHONE NUMBER |
| Return completed report to the: Breath Ale | cohol Program, MO Department of Health a ax, or email. | (417) 743-5109 and Senior Services, Southeast District Office |
| O 580-1351 (5-19) | AN EQUAL OPPORTUNITY/AFFIDMATIVE ACTION SIND OFFI | |

| AS IV Versio | Serial on no: | no: 10 532B | 5444 |
|--------------------------|-------------------------------|----------------|-------------|
| TES | T RECOR | 800 US | |
| Teme | Date | Time | 9/ 210L |
| Air Bl | ank: !/08/22 | 12:00 | |
| Calibr | ./00/22 ation (:/08/22 | heck: | |
| | | 10:00 | - 101 |
| | t Name +/ | | |
| Sub Jec | | | |
| Cter man and | | * **. | |
| _ | or Name | | |
| <i>Dillo</i> n Locati | <u>Peter</u> on | sen 21 | 0108 |
| 210 | 5 C10 | irke A | / C |
| C10 | C, MO. | ((() | |

| AS IV Serial no: 105444 Version no: 532B | AS IV Serial no: 105444 Version no: 532B TEST RECORD 00843 | | |
|---|---|--|--|
| TEST RECORD 00842 | | | |
| Temp Date Time 210L | 9/ Temp Date Time 210I | | |
| Air Blank: 02/08/22 16:07 .000 Calibration Check: 21 02/08/22 16:07 .101 | Air Blank: 02/08/22 16:08 .000 Calibration Check: 22 02/08/22 16:08 .101 | | |
| Subject Haine Test Z | Subject Name Test 3 | | |
| Subject I.D. | Subject I.M. | | |
| Operator Name, I.D. | Operator Name, I.D. | | |
| Dillun Petersen 210108 Location | Dillon Peterson 210108 | | |
| 210 S Clarke Ave | 210 S Clarke Ave | | |

Clever, Mo 65631 Clever, Mo 65631

| AS IV Serial no: 105444 Version no: 532B | AS IV Serial no: 1 05444 Version no: 5323 | | | |
|---|---|--|--|--|
| TEST RECORD 00844 | TEST RECORD 00845 | | | |
| Temp Date Time 210L | Temp Date Time 21 0L | | | |
| VOID: RFI 12 02/08/22 16:10 | Air Blank: 62/88/22 16:12 .000 | | | |
| Subject Name | Calibration Check: 23 82/08/22 16:12 .000 | | | |
| RFI Test | Subject Maine | | | |
| Subject I.M. | Blank Test | | | |
| Operator Name, I.D. | Subject I.A. | | | |
| Dillon Petersen 210 108 | Operator Name, I.N. | | | |
| Location 210 S Clarke Ave | Dillon Petersen 210108 Location | | | |
| Clerr, MO 65631 | 210 S Clarke Au | | | |
| | Clever, Mo 65631 | | | |



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:

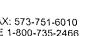
Testing was conducted using Cerilliant Reference Standard lot number FN03052002 whose values are traceable to NIST.

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 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466 FAX: 573-751-6010



Michael L. Parson Governor

Robert J. Knodell Acting Director

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number; SD2259

Manufacturer: Guth

Model Number:

1.0-4D

Agency: -

CLEVER PD

Agency Address: 304 S CLARKE ST, CLEVER, MO 65631

NIST THERMOMETER INFORMATION

Serial Number:

L7KMM00690

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

Simulator Average

NIST Average

Combined Uncertainty

33.99 34.00

.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

5/1.1/2021

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

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 Page 1 of 1



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES. BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DILLON PETERSEN

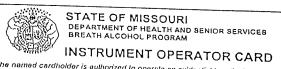
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,

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 | we in fee |
|--------------------|--|
| NUMBER 210108 | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| EXPIRES 5/18/2023 | The transfer |
| JO 580-0771 (6-10) | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

LAB-4 (RG-10)



The named cardholder is authorized to operate an avidential breath atcohol Instrument for the determination of the alcoholic content in breath form of expired air

Operator PETERSEN, DILLON Permit No

210108

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

