



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 By Tracy Crews at 7:33 am, Sep 06, 2022

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 105446	NAME OF AGENCY Lone Jack Police Department	DATE OF INSPECTION 08/01/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum Road, Lone Jack		TIME OF INSPECTION 4:39 am

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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>22080</u> EXP. DATE <u>03/07/2022</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIM. SN <u>MP6535</u> SIM. NIST EXP DATE <u>02/01/2023</u>	

- 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 .100	TEST 3 .098
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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	(0-.04)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(OVER .19)	0
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Virginia DeBoard
TYPE II PERMIT NUMBER/EXPIRATION DATE 210030 3/23/2023	TELEPHONE NUMBER (816) 697-2417

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

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 00961

Temp Date Time ^{s/} 210L

Air Blank:
08/01/22 04:39 .000
Calibration Check:
23 08/01/22 04:39 .099

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack MO

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 00963

Temp Date Time ^{s/} 210L

Air Blank:
08/01/22 04:42 .000
Calibration Check:
25 08/01/22 04:42 .098

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack MO

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 00962

Temp Date Time ^{s/} 210L

Air Blank:
08/01/22 04:41 .000
Calibration Check:
24 08/01/22 04:41 .100

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack MO

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 00964

Temp Date Time ^{s/} 210L

VOID: RFI
12 08/01/22 04:44

Subject Name

Subject I.D.

Operator Name, I.D.

DeBoard 378

Location

401 N Bynum Rd

Lone Jack MO



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

2

PERMIT
TYPE II
VIRGINIA DEBOARD

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 2/23/2021
NUMBER 210030
EXPIRES 2/23/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 380-0771 (6-05)

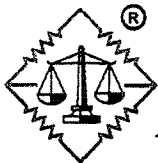
LAS-4 (09-10)

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

INSTRUMENT OPERATOR CARD

The permit operator is authorized to operate an individual breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator DEBOARD, VIRGINIA
Permit No. 210030
Date Issued 2/23/2021 Date Expires 2/23/2023



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, 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 7, 2024** 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



Richard W. Moore
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6535 Manufacturer: Guth
 Model Number: 12V500
 Agency: LONE JACK PD
 Agency Address: 401 N BYNUM RD, LONE JACK, MO 64070

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 Bias: 0.01
 Uncertainty: 0.02
 Date of Certification: 11/10/2021 Date of Expiration: 11/10/2022

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>
34.00	34.01	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/1/2022
 Certification Expiration: 2/1/2023
 Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO

Certification No: MP6535_212022

X *Brianna Medrano*

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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