



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 107977	NAME OF AGENCY Excelsior Springs Police Department	DATE OF INSPECTION 05/16/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 301 S Main St, Excelsior Springs, MO 64024		TIME OF INSPECTION 0920

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</u>	LOT # <u>21380</u> EXP. DATE <u>09/13/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0 C</u>	SIM. SN <u>MP3564</u> SIM. NIST EXP DATE <u>06/09/2022</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 ← <u>.100</u>	TEST 2 ← <u>.099</u>	TEST 3 ← <u>.099</u>
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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 <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>
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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 Brian K Kennedy
TYPE II PERMIT NUMBER/EXPIRATION DATE 210044 03/16/2023	TELEPHONE NUMBER 816-629-7105

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: 107977
Version no: 532B

TEST RECORD 01151^{s/}
Temp Date Time 210L

Air Blank: 05/16/22 09:37 .000
Calibration Check: 24 05/16/22 09:37 .100

Subject Name
SIMULATOR
Subject I.D.

Operator Name, I.D.
KENNEDY 911
Location
ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01152^{s/}
Temp Date Time 210L

Air Blank: 05/16/22 09:39 .000
Calibration Check: 25 05/16/22 09:39 .099

Subject Name
SIMULATOR
Subject I.D.

Operator Name, I.D.
KENNEDY 911
Location
ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01153^{s/}
Temp Date Time 210L

Air Blank: 05/16/22 09:42 .000
Calibration Check: 25 05/16/22 09:42 .099

Subject Name
SIMULATOR
Subject I.D.

Operator Name, I.D.
KENNEDY 911
Location
ESPD

AS IV Serial no: 107977
Version no: 532B

TEST RECORD 01154^{s/}
Temp Date Time 210L

VOID: RFI
12 05/16/22 09:43

Subject Name
SIMULATOR
Subject I.D.

Operator Name, I.D.
KENNEDY 911
Location
ESPD



314 North Pearl Street • Albany, New York 12207 • 800-848-4983 • (518) 434-4546 • Fax (518) 434-0891

**CERTIFICATE OF ANALYSIS
ALCOHOL REFERENCE SOLUTION FOR SIMULATOR**

Lot No: 21380 Exp. Date: 9/13/2023

This Alcohol Reference for Simulator was received on 9/17/2021 and tested on a Gas Chromatograph by Tara Szucs according to the standard procedure Alcohol Reference Solution-1, and found to contain 0.1191 % \leq 0.00089 (wt/vol) Ethyl Alcohol. The Alcohol and water used in this solution were free of test interfering substances.

A contemporaneous record has been kept in the regular and normal course of business for the date of testing, material tested, test conducted, individuals conducting the testing and the results.

Laboratory Reference:

210917067

QA Manager:

A handwritten signature in black ink, appearing to read "Chris Hess", is written over a horizontal line.

Christopher Hess

Laboratory Director:

A handwritten signature in black ink, appearing to read "Tara Daniels", is written over a horizontal line.

Tara Daniels

Report Date:

10/27/21



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 21380 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 15, 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 September 13, 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.



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP3564 **Manufacturer:** Guth
Model Number: 12V500
Agency: EXCELSIOR SPRINGS
Agency Address: 301 S MAIN, EXCELSIOR SPRINGS, MO 64024

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

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
33.99	34.00	.03

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

ADJUSTMENT RESULTS

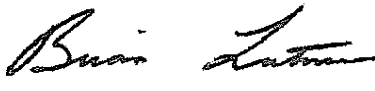
No adjustment was needed.

Date of testing: 6/9/2021
Certification Expiration: 6/9/2022
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP3564_692021

X 

DHSS BAP Scientist Approving



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

2

PERMIT
TYPE II
BRIAN K. KENNEDY

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 3/16/2021

NUMBER 210044

EXPIRES 3/16/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 KENNEDY, BRIAN
Permit No 210044
Date issued 3/16/2021 **Date Expires** 3/16/2023