

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

## **RECEIVED**

By Tracy Crews at 6:53 am, Jan 14, 2022

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of Send copy to Department of Health and Senior	of the regular monthly pre or Services; retain original	ventative maintenance in department file.	check, and whenever	er instrument is	repaired.
ALCO SENSOR IV SN	NAME OF AGENCY		DATE OF I	NSPECTION	
108263	WOUDSON	TERRAC	a 01/0	2/202	2
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF IN	ISPECTION	
CHECKLIST: Place a mark in the box by each	item if found to be estisted	or or if appreting within	34 13	56	
where determined.) Unmarked items must be	corrected before using ins	trument.	r established limits. (	(vvnte in observ	ed values
DIGITAL READOUT (ALL ELEMENTS OF	PERATIONAL)				
TEMPERATURE OF ALCO SENSOR (10	°C - 40°C)		wiswerie-		
PRINTER WORKING PROPERLY					Total Control of the
TIME AND DATE DISPLAYING PROPER	LY				
BREATH ALCOHOL ACCURACY STANDAR	DS				
SIMULATOR SOLUTION		GOMPRESSED ETH	HANOL-GAS MIXTU	IRE	
STANDARD SUPPLIER COT	HLOT	# 21190 E	XP. DATE 6 8	93 (	Ber 53
SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) 34-0 SIM. S	N DR3942	_ SIM. NIST EXP	DATE 8 2	3/22
	BETWEEN 0.095% and 0.1 BETWEEN 0.076% and 0.1	105% INCLUSIVE 1084% INCLUSIVE 142% INCLUSIVE	HED)	%	
DAFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TEST: (DO NOT INCLUDE SELF-ADMINISTERED T  REFUSALS (004)	(.0509) (.10	)14) \$\int \( \text{(.15}	(19) Ø ((	OVER .19)	4
List any new parts and describe any alteration established limits (use other side if necessary).	or modification that was	nade to restore the ins	trument to operate :	satisfactorily an	d within
INSPECTING OFFICER		PRINT NA	AME		
TYPE II PERMIT NUMBER/EXPIRATION DATE  2 (0)	9 8 4	1	THONY  DIE NUMBER  4914 S	978	~
Return completed report to the: Breath Alco	hol Program, MO Departm	ent of Health and Seni	or Services, Souther	ast District Offic	е

AS IV Serial no: 108263 AS IV Serial no: 108263 AS IV Serial no: 108263 Version no: 532B Version no: 532B Version not TEST RECORD TEST RECORD TEST RECORD 9/ 210L 210L Dat e Date Temp Air Blank: Air Blank: Air Blankt 01/12/22 12:56 .000 01/12/22 12:59 .000 01/12/22 12:58 .000 Subject Test: Auto Subject Test: Auto Subject Test: Auto 18 01/12/22 12:56 .098 18 01/12/22 12:59 .103 18 01/12/22 12:58 .100 Subject Name Subject Name Subject Name fur East Ill HEW EATT (1) HEW EATT Subject I.D. Subject I.D. Subject I.D. SAME SAMER SAME Operator Name: I.D. Operator Name, I.D. Operator Name: I.D. SELF-TEST SELF-TEST G SELF TESTO Location Location Location WTPD WTPD WTPD 210169 210169

532B

210169

210L

LIL

TEST RECORD 00611 UOID: RFI 12 81/12/22 13:82 Operator Name, Subject Name Date Location



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Let Number 21190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on June 9, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1206% (w/vol) ethyl alcohol. The expiration date for this lot number is June 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 1-800-735-2468

Donald G. Kauerauf



Michael L. Parson Governor

# SIMULATOR CERTIFICATION REPORT

#### SIMULATOR INFORMATION

Simulator Serial Number: DR3942

Manufacturer: Guth

Model Number:

2100

Agency:

WOODSON TERRACE PD

Agency Address: 4305 WOODSON RD, WOODSON TERRACE, MO 63134

### 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

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.02

.04

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

#### ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

8/23/2021

Certification Expiration:

8/23/2022

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

B. LUTMER

Certification No:

DR3942 8232021

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** 



## ANTHONY THWEATT

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.

DATE8/4/2021	Lama G. Day
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210169	
EXPIRES 8/4/2023	
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
4O 580-0771 (8-10)	THE PARTY OF THE PARTY SERVICES

LAB-4 (R6-10)

