

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

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

REPORT #7

ACCUSA.						
Complete this report in duplicate at the time Send copy to Department of Health and Seni				ever instrument is repaired.		
alco sensor iv sn 108263	NAME OF AGENCY Woodson Terrace Police		DATE 0	F INSPECTION 2022		
LOCATION OF INSTRUMENT (STREET AND CITY) 4305 Woodson Road, Woodson Terra		TIME OF INSPECTION 1550				
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be			within established limit	s. (Write in observed values		
J DIGITAL READOUT (ALL ELEMENTS O						
TEMPERATURE OF ALCO SENSOR (10	0°C - 40°C)					
✓ PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROPER	RLY					
BREATH ALCOHOL ACCURACY STANDAR	RDS					
SIMULATOR SOLUTION		COMPRESSE	D ETHANOL-GAS MIX	TURE		
STANDARD SUPPLIER Guth	L(	ot # 21190	EXP. DATE 6-8-2	023		
SIMULATOR TEMPERATURE (34°C ± 0	.2°C) 34.0 SIM	I. SN_DR3942	SIM. NIST EX	(P DATE 8-23-2022		
Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A 0.105% INCLUSIVE 0.084% INCLUSIVE	ATTACHED) E E	a a a a a a a a a a a a a a a a a a a		
TEST 1 <b>▼</b> .097	TEST 2 <b>▼</b> .098		TEST 3 <b>☞</b> .098			
✓RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED		RANGES SINCE	THE LAST MAINTENA	NCE REPORT:		
REFUSALS 0 (004) 0	(.0509)	(.1014) 0	(.1519)	(OVER .19) 0		
List any new parts and describe any alteration established limits (use other side if necessary	on or modification that w	as made to restore	the instrument to opera			
INSPECTING OFFICER	THE RESERVE		PRINT NAME DO MA	tth and Amton		
TYPE II PERMIT NUMBER/EXPIRATION DATE 220148	5-25-2024		TELEPHONE NUMBER	tthew Anton		
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.						
15 200 1051 (B.10)						

AS IV Serial no: 108263 Version no: 532B	TEST RECORD 00646	9/ Temp Date Time 210L	Air Blank:	6/11/2/ 13:33 .000 Calibration Check: 24 07/11/22 15:55 .097	Subject Name	Anton 113	Subject I.D.	Same	Operator Name, I.D.	Selftert 1	Location	CTPP
AS IV Serial no: 108263 Version no: 532B	TEST RECORD 00647	s/ Temp Date Time 210L	Air Blank:	8//1/22 15:56 .000 Calibration Check: 24 07/11/22 15:56 .098	Subject Name	Anton 113	Subject I.D.	Same	Operator Name, I.D.	Selftest 2	Location	WTPD
AS IV Serial no: 108263 Version no: 532B	TEST RECORD 00648	Temp Date Time 210L		Calibration Check: 25 07/11/22 15:58 .098	Subject Name	Anton 113	Subject I.D.	Same	Operator Name, I.D.	Selftest S	Location	5.0

Location
Zeictert REI
Operator Mame, I.D.
Same
Subject I.D.
Ell notat
aneM j⊃aidu2
IS 05/11/SS 12:20
Ne Temp Date Time 210L
TEST RECORD 00649
AS IV Serial no: 108263 Version no: 532B



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21190 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on June 9, 2021, using a Perkin Elmer Gas Chromatograph Autosystem KL 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 Cerillians Reference Standard los 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 670, Jefferson City, MD 65102-0570 Phone: 673-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2968 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

Bies:

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

34.00

NIST Average 34.02

Combined Uncertainty .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:

Simulator testing technician: M. BOND

8/23/2022

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 Aicohol 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

## MATTHEW D. ANTON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

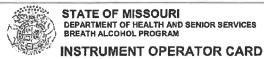
## ALCO-SENSOR IV WITH PRINTER

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.

DATE5/25/20	5/25/2022	/ like / 16 some				
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER	220148					
EXPIRES	XPIRES 5/25/2024	Danes J. McCaller				
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired al in Missourf.

Operator ANTON, MATTHEW Permit No 220148

Date Issued 5/25/2022 Date Expires 5/25/2024

