



**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 108392	NAME OF AGENCY Cottleville Police Department	DATE OF INSPECTION 05/17/2022
-----------------------------	-------------------------------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 5490 Fifth Street, Cottleville, Missouri 63304	TIME OF INSPECTION 4:14 pm
--------------------------------------------------------------------------------------------	-------------------------------

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 Inc</u> LOT # <u>21080</u> EXP. DATE <u>03/08/2023</u>

<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP4952</u> SIM. NIST EXP DATE <u>07/12/2022</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 \rightarrow .099	TEST 2 \rightarrow .099	TEST 3 \rightarrow .097
---------------------------	---------------------------	---------------------------

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	1	(0-.04)	(0.05-.09)	(0.10-.14)	(0.15-.19)	2	(OVER .19)
----------	---	---------	------------	------------	------------	---	------------

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 Richard Phillips
TYPE II PERMIT NUMBER/EXPIRATION DATE 220110 Exp: 04/14/2024	TELEPHONE NUMBER (636) 498-6464

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: 108392
Version no: 532B

TEST RECORD 00783

Temp Date Time ^{s/} 210L

Air Blank:
05/17/22 16:14 .000
Calibration Check:
22 05/17/22 16:14 .099

Subject Name

TEST 1

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00784

Temp Date Time ^{s/} 210L

Air Blank:
05/17/22 16:15 .000
Calibration Check:
23 05/17/22 16:15 .099

Subject Name

TEST 2

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00785

Temp Date Time ^{s/} 210L

Air Blank:
05/17/22 16:26 .000
Calibration Check:
26 05/17/22 16:26 .097

Subject Name

TEST 3

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00786

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/17/22 16:29

Subject Name

RFI TEST

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00787

Temp Date Time ^{s/} 210L

Air Blank:
05/17/22 16:30 .000
Subject Test: Auto
27 05/17/22 16:30 .000

Subject Name

ZERO TEST

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 408

Location

BOOKING ROOM


Missouri Department of Health and Senior Services

 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-8400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2886 VOICE 1-800-735-2466

Donald G. Kauerauf
 Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP4952 **Manufacturer:** Guth
Model Number: 12V500
Agency: COTTLEVILLE PD
Agency Address: 5490 FIFTH STREET, COTTLEVILLE, MO 63304

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>
34.01	34.01	.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/12/2021
Certification Expiration: 7/12/2022
Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP4952_7122021

X *Brian Lutmer*

DHSS BAP Scientist Approving

**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

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.



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



PERMIT
TYPE II
RICHARD PHILLIPS

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 4/14/2022

NUMBER 220110

EXPIRES 4/14/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (8-10)

LAB-4 (R8-10)

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 PHILLIPS, RICHARD
Permit No 220110
Date Issued 4/14/2022 Date Expires 4/14/2024