



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 PD	DATE OF INSPECTION 09/05/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 5490 5th St. Cottleville MO 63304		TIME OF INSPECTION 9:14 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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories LOT # 21080 EXP. DATE 07/12/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN SIM. NIST EXP DATE

- 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 = .068	TEST 2 = .099	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	2	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	0	(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 <i>[Signature]</i>	PRINT NAME Rick Phillips
TYPE II PERMIT NUMBER/EXPIRATION DATE 220110 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 00800

Temp Date Time ^{s/} 210L

Air Blank:
09/05/22 21:14 .000
Calibration Check:
24 09/05/22 21:14 .098

Subject Name

TEST 1

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00801

Temp Date Time ^{s/} 210L

Air Blank:
09/05/22 21:16 .000
Calibration Check:
25 09/05/22 21:16 .099

Subject Name

TEST 2

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00802

Temp Date Time ^{s/} 210L

Air Blank:
09/05/22 21:17 .000
Calibration Check:
25 09/05/22 21:17 .098

Subject Name

TEST 3

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00803

Temp Date Time ^{s/} 210L

VOID: RFI
12 09/05/22 21:19

Subject Name

RFI TEST

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM

AS IV Serial no: 108392
Version no: 532B

TEST RECORD 00804

Temp Date Time ^{s/} 210L

Air Blank:
09/05/22 21:20 .000
Subject Test: Auto
26 09/05/22 21:20 .000

Subject Name

ZERO TEST

Subject I.D.

220110

Operator Name, I.D.

R PHILLIPS 468

Location

BOOKING ROOM



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



Paula Nickelson
Acting Director

Michael L. Parson
Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP4952 Manufacturer: Guth
Model Number: 12V500
Agency: COTTLEVILLE PD
Agency Address: 5377 STATE HIGHWAY N, COTTLEVILLE, MO 63304

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>
33.99	34.00	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/12/2022
Certification Expiration: 7/12/2023
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP4952_7122022

X *Brianna Medrano*

DHSS BAP Scientist Approving

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

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

LAB-4 (R8-10)

MO 680-0771 (6-10)

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

INSTRUMENT OPERATOR CARD

The named operator 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