By Tracy Crews at 7:51 am, Apr 28, 2022



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

		Pipil			15.5.5.02.0
Complete this report in duplicate at the time of Send copy to Department of Health and Senior	f the regular monthly բ r Services; retain origi	oreventative mainter nal in department fik	nance check, and whe	never instrument is repai	ired.
ALCO SENSOR IV SN 111660	NAME OF AGENCY Fredericktown Po	olice Dept.		OF INSPECTION 17/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St Fredericktown	. 1		TIME	OF INSPECTION 3 am	1/
CHECKLIST: Place a mark in the box by each it	tem if found to be satis	factory or if operating	within established lim	nits. (Write in observed val	lues
where determined.) Unmarked items must be o	corrected before using	instrument.		22 Th	
DIGITAL READOUT (ALL ELEMENTS OP	ERATIONAL)	8 745.59			
TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDARD)S			7.0	
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE					
STANDARD SUPPLIER GUTH Laborato	ries L	OT # 21380	EXP. DATE 09/1	3/2023	NO.
☑ SIMULATOR TEMPERATURE (34°C ± 0.2	°C) 33.99 SI	M. SNMP293	86 SIM. NIST I	EXP DATE 11/10/2022	
less. Check the box corresponding to the st 0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B 0.040% STANDARD - MUST READ B	ETWEEN 0.095% and ETWEEN 0.076% and	d 0.105% INCLUSIV d 0.084% INCLUSIV	E		
TEST 1 .100	EST 2 ☞ .100		TEST 3 🗢 .099		
RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TO			THE LAST MAINTEN	ANCE REPORT:	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 1	(.1519) 0	(OVER .19) 0	
List any new parts and describe any alteration established limits (use other side if necessary). Instrument is operating properly	or modification that w	as made to restore	the instrument to ope	erate satisfactorily and wi	thin
INSPECTING OFFICER					
SIGNATURE			Sgt. Michael Sletten		
TYPE II PERMIT NUMBER/EXPIRATION DATE 200271 - 10/19/2022			TELEPHONE NUMBER		
200211-10/19/2022	1981		(573) 783-3660		_
Return completed report to the: Breath Alco by mail, fax	hol Program, MO Dep , or email.	partment of Health a	nd Senior Services, Se	outheast District Office	



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

MICHAEL D SLETTEN

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.

DATE10/19/2020	when
2004-000-000-000-000-000-000-000-000-000	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200271	
EXPIRES 10/19/2022	for U William
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

10 580-0771 (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 all in Mesonio.

Operator SLETTEN, MICHAEL

Permit No 200271

Date Issued 10/19/2020 Date Expires 10/19/2022





Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Michael L. Parson Governor

Acting Director

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP2936

Manufacturer: Guth

Model Number:

12V500

Agency:

FREDERICKTOWN PD

Agency Address: 120 W MAIN ST, FREDERICKTOWN, MO 63645

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

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.01

.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

1/27/2022

Certification Expiration:

1/27/2023

Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP2936 1272022

DHSS BAP Scientist Approving

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



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.

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00658

Year Date Time 210L

VOID: RFI
12 04/27/22 11:13

Subject Name

RFI CNFCK

Subject I.D.

MONTHUM MAINT

Operator Name: I.D.

M.SLETTEN JOON TI

Location

FREDERICK TOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00659

Temp Date Time 210L

Air Blank:
 04/27/22 11:15 .000

Subject Test: Auto
 20 04/27/22 11:15 .000

Subject Name

Subject 1950 Multi 1980

Subject Name

DLANK TEST

Subject I.D.

MONTHUM MAINT.

Operator Name, I.D.

M. SUGTEN JODIT!

Location

FREDERICKTOWN DD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00660

Yere
Temp Date Time 210L

Air Blank:
04/27/22 11:16 .000
Calibration Check:
21 04/27/22 11:16 .100

Subject Name
Sawfuk Test
Subject I.B.

Montury Maint
Operator Name, I.B.

M. Subject Journ
Location

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00661

Temp Date Time 210L

Air Blank: 04/27/22 11:18 .000
Calibration Check: 21 04/27/22 11:18 .100

Subject Name

SawACE TEST D

Subject I.D.

MONTHUY MAINT.

Operator Name, I.D.

M. SCETTEN JUDITI
Location

FREDERICKTOWN A

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00662

Sy
Temp Date Time 210L

Air Blank: 84/27/22 11:19 .000
Calibration Check: 22 04/27/22 11:19 .099

Subject Name

Samfur Test #3
Subject I.D.

M. Sietten: 2002 71
Operator Name, I.D.

Monthy Maint
Location

FREDER.ck 7000 6

AS IV Serial no: 111660 Version no: 532B

Last Calibration: 11/25/19 15:36 .100

Test Results:
00657 Subject Test: Auto
19 04/12/22 10:35 .146
04.4 Lit. 07.2 Sec.
00658 VOID: RFI
12 04/27/22 11:13
00.0 Lit. 00.0 Sec.
00659 Subject Test: Auto
28 04/27/22 11:15 .000
01.5 Lit. 04.0 Sec.
00660 Calibration Check:
21 04/27/22 11:16 .100
00.0 Lit. 00.0 Sec.
00661 Calibration Check:
21 04/27/22 11:18 .100
00.0 Lit. 00.0 Sec.
00662 Calibration Check:
22 04/27/22 11:19 .009