



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 111660 | NAME OF AGENCY Fredericktown Police Dept. | DATE OF INSPECTION 06/28/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St. - Fredericktown | | TIME OF INSPECTION 8:58 AM |

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 # 21380 EXP. DATE 09/13/2023
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP2936 SIM. NIST EXP DATE 01/27/2023

- 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 ➔ .100 | TEST 2 ➔ .099 | TEST 3 ➔ .099 |
|---------------|---------------|---------------|

- 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 | 0 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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).
 Instrument is operating properly

INSPECTING OFFICER

| | |
|--|------------------------------------|
| SIGNATURE ▶ | PRINT NAME Lt. Michael Sletten |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200271 - 10/19/2022 | TELEPHONE NUMBER (573) 783-3660 |

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: 111660
Version no: 532B

TEST RECORD 00664

Temp Date Time ^{s/} 210L

Air Blank:
06/28/22 08:58 .000
Calibration Check:
20 06/28/22 08:58 .100

Subject Name

SAMPLE TEST #1
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN - 200271
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00665

Temp Date Time ^{s/} 210L

Air Blank:
06/28/22 09:00 .000
Calibration Check:
20 06/28/22 09:00 .099

Subject Name

SAMPLE TEST #2
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN - 200271
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00666

Temp Date Time ^{s/} 210L

Air Blank:
06/28/22 09:01 .000
Calibration Check:
21 06/28/22 09:01 .099

Subject Name

SAMPLE TEST #3
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN - 200271
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00667

Temp Date Time ^{s/} 210L

Air Blank:
06/28/22 09:02 .000
Subject Test: Auto
21 06/28/22 09:02 .000

Subject Name

BLANK TEST
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN - 200271
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00668

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/28/22 09:04

Subject Name

RFI CHECK
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN - 200271
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

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

Test Results:
00663 Calibration Check:
19 06/28/22 08:57 .000
00.0 Lit. 00.0 Sec.
00664 Calibration Check:
20 06/28/22 08:58 .100
00.0 Lit. 00.0 Sec.
00665 Calibration Check:
20 06/28/22 09:00 .099
00.0 Lit. 00.0 Sec.
00666 Calibration Check:
21 06/28/22 09:01 .099
00.0 Lit. 00.0 Sec.
00667 Subject Test: Auto
21 06/28/22 09:02 .000
01.8 Lit. 03.9 Sec.
00668 VOID: RFI
12 06/28/22 09:04
00.0 Lit. 00.0 Sec.



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



Richard W. Moore
 Acting Director

Michael L. Parson
 Governor

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

| <u>Simulator Average</u> | <u>NIST Average</u> | <u>Combined Uncertainty</u> |
|--------------------------|---------------------|-----------------------------|
| 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

X

DHSS BAP Scientist Approving



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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

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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.

DATE 10/19/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200271

EXPIRES 10/19/2022

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 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 air in Missouri.

Operator SLETTEN, MICHAEL
 Permit No 200271
 Date Issued 10/19/2020 Date Expires 10/19/2022