



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 07/25/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St. - Fredericktown		TIME OF INSPECTION 10:14 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 # 22080 EXP. DATE 03/07/2024
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 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  .099	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	0	(0-.04)	0	(.05-.09)	0	(.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).  
 Instrument is operating properly

<b>INSPECTING OFFICER</b>	
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 00669

Temp	Date	Time	s/ 210L
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Air Blank:  
07/25/22 10:14 .000  
Subject Test: Auto  
19 07/25/22 10:14 .000

Subject Name

BLANK TEST

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN #20271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00670

Temp	Date	Time	s/ 210L
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Air Blank:  
07/25/22 10:16 .000  
Calibration Check:  
20 07/25/22 10:16 .099

Subject Name

SAMPLE TEST #1

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN #20271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00672

Temp	Date	Time	s/ 210L
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Air Blank:  
07/25/22 10:19 .000  
Calibration Check:  
21 07/25/22 10:19 .099

Subject Name

SAMPLE TEST #2

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN #20271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00673

Temp	Date	Time	s/ 210L
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Air Blank:  
07/25/22 10:20 .000  
Calibration Check:  
22 07/25/22 10:20 .098

Subject Name

SAMPLE TEST #3

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN #20271

Location

FREDERICKTOWN PD

AS IV Serial no: 111660  
Version no: 532B

TEST RECORD 00671

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 07/25/22 10:17

Subject Name

RFI CHECK

Subject I.D.

MONTHLY MAINT.

Operator Name, I.D.

M. SLETTEN #20271

Location

FREDERICKTOWN PD



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AS IV Serial no: 111660  
Version no: 532B

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

Test Results:  
00669 Subject Test: Auto  
19 07/25/22 10:14 .000  
01.6 Lit. 04.3 Sec.  
00670 Calibration Check:  
20 07/25/22 10:16 .099  
00.0 Lit. 00.0 Sec.  
00671 VOID: RFI  
12 07/25/22 10:17  
00.0 Lit. 00.0 Sec.  
00672 Calibration Check:  
21 07/25/22 10:19 .099  
00.0 Lit. 00.0 Sec.  
00673 Calibration Check:  
22 07/25/22 10:20 .098  
00.0 Lit. 00.0 Sec.

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## 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 **22080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2022**, 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 7, 2024** 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.*



# 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



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

NUMBER 200271

EXPIRES 10/19/2022

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

