



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 10/25/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St. - Fredericktown		TIME OF INSPECTION 5:51 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH Laboratories</u> LOT # <u>22080</u> EXP. DATE <u>03/07/2024</u>

<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIM. SN <u>MP2936</u> SIM. NIST EXP DATE <u>01/27/2023</u>

<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .099	TEST 2 .098	TEST 3 .098
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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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.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME E. J. Ganime
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TYPE II PERMIT NUMBER/EXPIRATION DATE 210281 - 12/07/2023	TELEPHONE NUMBER (573) 840-9500
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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 00692

Temp	Date	Time	s/ 210L
Air Blank:	10/25/22	17:59	.000
Calibration Check:	19	10/25/22 17:59	.099

Subject Name

TEST # 1
Subject I.D.

Operator Name, I.D.

E.S. GANZME

Location

FREDERICKTOWN P.D.

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00693

Temp	Date	Time	s/ 210L
Air Blank:	10/25/22	18:02	.000
Calibration Check:	20	10/25/22 18:02	.098

Subject Name

TEST # 2
Subject I.D.

Operator Name, I.D.

E.S. GANZME

Location

FREDERICKTOWN P.D.

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00694

Temp	Date	Time	s/ 210L
Air Blank:	10/25/22	18:03	.000
Calibration Check:	21	10/25/22 18:03	.098

Subject Name

TEST # 3
Subject I.D.

Operator Name, I.D.

E.S. GANZME

Location

FREDERICKTOWN P.D.

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00695

Temp	Date	Time	s/ 210L
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VOID: RFI
12 10/25/22 18:05

Subject Name

RFI TEST
Subject I.D.

Operator Name, I.D.

E.S. GANZME

Location

FREDERICKTOWN P.D.

AS IV Serial no: 111660
Version no: 532B

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

Test Results:
00685 VOID: INSP SAMP
6 10/06/22 11:00
00.0 Lit. 00.0 Sec.
00686 Subject Test: Auto
22 10/06/22 11:01 .000
01.5 Lit. 04.5 Sec.
00687 Subject Test: Auto
22 10/06/22 11:02 .000
01.9 Lit. 05.4 Sec.
00688 Subject Test: Auto
22 10/06/22 11:04 .000
01.8 Lit. 05.3 Sec.
00689 Subject Test: Auto
23 10/06/22 11:05 .000
01.8 Lit. 04.8 Sec.
00690 Subject Test: Auto
23 10/06/22 11:07 .000
01.7 Lit. 04.1 Sec.
00691 Subject Test: Auto
19 10/25/22 17:51 .000
01.7 Lit. 03.3 Sec.
00692 Calibration Check:
19 10/25/22 17:59 .099
00.0 Lit. 00.0 Sec.
00693 Calibration Check:
20 10/25/22 18:02 .098
00.0 Lit. 00.0 Sec.
00694 Calibration Check:
21 10/25/22 18:03 .098
00.0 Lit. 00.0 Sec.
00695 VOID: RFI
12 10/25/22 18:05
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 **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.



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

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PERMIT
TYPE II
ERIC J. GANIME

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, INTOX DMT

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 12/7/2021

NUMBER 210281

EXPIRES 12/7/2023

MO 580-0771 (6-10)

Laura G. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald S. Kamm

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 GANIME, ERIC
 Permit No 210281
 Date Issued 12/7/2021 Date Expires 12/7/2023

