



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 111662	NAME OF AGENCY Clayton Police Department	DATE OF INSPECTION 03/16/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 10 S Brentwood Blvd Clayton, MO 63105		TIME OF INSPECTION 9:21 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 LOT # 21080 EXP. DATE 03/08/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP5541 SIM. NIST EXP DATE 07/01/2022

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 .098

TEST 2 .097

TEST 3 .096

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

Adjust time

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Todd Shearrer

TYPE II PERMIT NUMBER/EXPIRATION DATE
210268 11/18/2023

TELEPHONE NUMBER
(314) 645-3000

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5541 **Manufacturer:** Guth
Model Number: 12V500
Agency: CLAYTON PD
Agency Address: 10 S BRENTWOOD BLVD, CLAYTON, MO 63105

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 11/6/2020 **Date of Expiration:** 11/6/2021

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	34.00	.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 7/1/2021
Certification Expiration: 7/1/2022
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP5541_712021

X

DHSS BAP Scientist Approving



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • 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.

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00014

Temp Date Time ^{s/} 210L

Air Blank:
03/16/22 09:21 .000
Calibration Check:
21 03/16/22 09:21 .098

Subject Name

Monthly Test

Subject I.D.

Test 1

Operator Name, I.D.

TODD SHEARER 210268

Location

10 S Brentwood Blvd

Clayton, MO 63105

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00015

Temp Date Time ^{s/} 210L

Air Blank:
03/16/22 09:24 .000
Calibration Check:
22 03/16/22 09:24 .097

Subject Name

Monthly Test

Subject I.D.

Test 2

Operator Name, I.D.

TODD SHEARER 210268

Location

10 S Brentwood Blvd

Clayton, MO 63105

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00016

Temp Date Time ^{s/} 210L

Air Blank:
03/16/22 09:26 .000
Calibration Check:
23 03/16/22 09:26 .096

Subject Name

Monthly Test

Subject I.D.

Test 3

Operator Name, I.D.

TODD SHEARER 210268

Location

10 S Brentwood Blvd

Clayton, MO 63105

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00017

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/16/22 09:28

Subject Name

Monthly Test

Subject I.D.

RFI Test

Operator Name, I.D.

TODD SHEARER 210268

Location

10 S Brentwood Blvd

Clayton, MO 63105

AS IV Serial no: 111662
Version no: 532B

TEST RECORD 00018

Temp Date Time ^{s/} 210L

Air Blank:
03/16/22 09:30 .000
Subject Test: Auto
24 03/16/22 09:30 .000

Subject Name

Monthly Test

Subject I.D.

Self Test

Operator Name, I.D.

TODD SHEARER 210268

Location

10 S Brentwood Blvd

Clayton, MO 63105



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



PERMIT
TYPE II
TODD SHEARRER

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 11/18/2021

NUMBER 210268

EXPIRES 11/18/2023

Laura A. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Korman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (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 SHEARRER, TODD
 Permit No 210268
 Date issued 11/18/2021 Date Expires 11/18/2023

