



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:29 am, Jan 27, 2022

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 111732	NAME OF AGENCY City of Crane Police Department	DATE OF INSPECTION 01/26/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 120 N. Commerce St., Crane		TIME OF INSPECTION 14:32

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) 34 °C

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories LOT # 20190 EXP. DATE 04/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 °C SIM. SN MP 6024 SIM. NIST EXP DATE 08/31/2022

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 • <u>.104</u>	TEST 2 • <u>.104</u>	TEST 3 • <u>.104</u>
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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

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME William Timmsen
TYPE II PERMIT NUMBER/EXPIRATION DATE 210213 / 09/14/2023	TELEPHONE NUMBER (417) 205-9325

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: 111732
Version no: 532B

TEST RECORD 00918

Temp	Date	Time	s/ 2101
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Air Blank:
01/26/22 14:32 .000
Calibration Check:
22 01/26/22 14:32 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00919

Temp	Date	Time	s/ 2101
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Air Blank:
01/26/22 14:34 .000
Calibration Check:
22 01/26/22 14:34 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00920

Temp	Date	Time	s/ 2101
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Air Blank:
01/26/22 14:36 .000
Calibration Check:
22 01/26/22 14:36 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00921

Temp	Date	Time	s/ 2101
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VOID: RFI
12 01/26/22 14:38

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00918

Temp Date Time ^{s/} 2101

Air Blank:
01/26/22 14:32 .000
Calibration Check:
22 01/26/22 14:32 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00919

Temp Date Time ^{s/} 2101

Air Blank:
01/26/22 14:34 .000
Calibration Check:
22 01/26/22 14:34 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00920

Temp Date Time ^{s/} 2101

Air Blank:
01/26/22 14:36 .000
Calibration Check:
22 01/26/22 14:36 .104

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00921

Temp Date Time ^{s/} 2101

VOID: RFI
12 01/26/22 14:38

Subject Name

Subject I.D.

Operator Name, I.D.

Location



SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6024 **Manufacturer:** Guth
Model Number: 12V500
Agency: CRANE PD
Agency Address: 120 N COMMERCE, CRANE, MO 65633

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: 8/31/2021
Certification Expiration: 8/31/2022
Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: B. LUTMER
Certification No: MP6024_8312021



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 2022** 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 Certified Reference Standard lot number FN02271802 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

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 TIMMSEN, WILLIAM

Permit No 210213

Date Issued 9/14/2021 **Date Expires** 9/14/2023

