



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

**RECEIVED**  
 By Tracy Crews at 7:17 am, Mar 30, 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 03-29-2022
LOCATION OF INSTRUMENT (STREET AND CITY) 120 N. Commerce St., Crane		TIME OF INSPECTION 10:02

**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°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>.103</u>	TEST 2 • <u>.103</u>	TEST 3 • <u>.102</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 <u>2</u>	(0-.04) <u>2</u>	(.05-.09) <u>2</u>	(.10-.14) <u>2</u>	(.15-.19) <u>2</u>	(OVER .19) <u>2</u>
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>Chief [Signature]</u> 201	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 00927

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/29/22 10:02 .000  
Calibration Check:  
23 03/29/22 10:02 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732  
Version no: 532B

TEST RECORD 00928

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/29/22 10:04 .000  
Calibration Check:  
23 03/29/22 10:04 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732  
Version no: 532B

TEST RECORD 00929

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/29/22 10:06 .000  
Calibration Check:  
23 03/29/22 10:06 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732  
Version no: 532B

TEST RECORD 00931

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 03/29/22 10:08

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732  
Version no: 532B

TEST RECORD 00927

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/29/22 10:02 .000  
Calibration Check:  
23 03/29/22 10:02 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732  
Version no: 532B

TEST RECORD 00928

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/29/22 10:04 .000  
Calibration Check:  
23 03/29/22 10:04 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732  
Version no: 532B

TEST RECORD 00929

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
03/29/22 10:06 .000  
Calibration Check:  
23 03/29/22 10:06 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732  
Version no: 532B

TEST RECORD 00931

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 03/29/22 10:08

Subject Name

Subject I.D.

Operator Name, I.D.

Location



## 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.*



# 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



**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

