



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 111732	NAME OF AGENCY City of Crane Police Department	DATE OF INSPECTION 05-31-2022
LOCATION OF INSTRUMENT (STREET AND CITY) 120 N. Commerce St., Crane		TIME OF INSPECTION 8:15

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 • .101 TEST 2 • .102 TEST 3 • .102

- 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 2 | (0-.04) 0 | (.05-.09) 0 | (.10-.14) 0 | (.15-.19) 1 | (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 <i>Chief [Signature]</i>	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 00948

Temp	Date	Time	s/ 210L
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Air Blank:
05/31/22 08:15 .000
Calibration Check:
24 05/31/22 08:15 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00950

Temp	Date	Time	s/ 210L
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Air Blank:
05/31/22 08:19 .000
Calibration Check:
25 05/31/22 08:19 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00949

Temp	Date	Time	s/ 210L
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Air Blank:
05/31/22 08:17 .000
Calibration Check:
25 05/31/22 08:17 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00951

Temp	Date	Time	s/ 210L
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VOID: RFI
12 05/31/22 08:21

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00948

Temp Date Time ^{s/} 210L

Air Blank:
05/31/22 08:15 .000
Calibration Check:
24 05/31/22 08:15 .101

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00950

Temp Date Time ^{s/} 210L

Air Blank:
05/31/22 08:19 .000
Calibration Check:
25 05/31/22 08:19 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00949

Temp Date Time ^{s/} 210L

Air Blank:
05/31/22 08:17 .000
Calibration Check:
25 05/31/22 08:17 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 111732
Version no: 532B

TEST RECORD 00951

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/31/22 08:21

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°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.



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

