

By Tracy Crews at 7:59 am, Nov 13, 2024



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 Send copy to Department of Health and Se | | | | never instrument is repaired. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------|-----------------|-------------------------------|
| ALCO SENSOR IV SN 0379.1 | NAME OF AGENCY Hazelwood Police | e Department | | of Inspection 1/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Ln, Hazelwood, MO 63042 | | | | |
| 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 STANDA | RDS | | | |
| ☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE | | | | |
| STANDARD SUPPLIER Guth Laboratories LOT # 23390 EXP. DATE 10/17/2025 | | | | |
| ☑ SIMULATOR TEMPERATURE (34°C ± | 0.2°C) <u>34.01</u> SII | м. snMP602 | 9 SIM. NIST E | EXP DATE 08/02/2025 |
| 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 1098 | TEST 2098 | | TEST 3 🕶 .099 | |
| ☑ 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 (004) | (.0509) | (.1014) | (.1519) | (OVER .19) |
| 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). BA Maintenance November 2024 | | | | |
| Simulator Bottle # 1556 | | | | |
| INSPECTING OFFICER SIGNATURE 507 | | | PRINT NAME | |
| 10 4 507 | | | Daniel Johnston | |
| TYPE II PERMIT NUMBER/EXPRATION DATE 230242 / 10-31-2025 | | | (314) 838-5000 | |
| Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email. | | | | |

| 6S IV Serial no: 828751 Version no: 532E TEST RECORD 99873 34 Temp Bate Time 218L Air Blank: 11/11/24 19:24 .888 Subsect Test: Auto 24 11/11/24 19:24 .888 | Subject Name Subject I.D. Subject I.D. Clerator Name, I.D. Location HDD BAT Wen |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 6S IU Serial no: 030791 Version no: 532B TEST RECORD 00072 9/ Temp Date Time 210L UOID: RFI 12 11/11/24 19:23 | Subject Name RFT 1est Subject I.D. Oenie/ Johnston Operator Name, I.D. 10cation HPD OFT Van |
| AS IV Serial no: 030791 Version no: 532B TEST RECORD 00071 Temp Date Time 210L Air Blank: 11/11/24 19:22 .000 Calibration Check: 23 11/11/24 19:22 .099 | Subject Name Test # 3 Subject I.D. Daniel Johnston OPERATOR Name, I.D. Location HPD BAT Van |
| AS IV Serial no: 838791 Version no: 532B TEST RECORD 80870 S/A Temp Date Time 210L Air Blank: 11/11/24 19:20 .880 Calibration Check: 22 11/11/24 19:20 .898 | Subject Name 1est #2 Subject I.D. Subject I.D. Sperator Name, I.D. 230942 Location HPD 347 Van |
| AS IU Serial no: 838791 Usersion no: 5328 TEST RECORD 80869 For Date Time 210L Air Blank: 11/11/24 19:18 .888 Calibration Check: 21 11/11/24 19:18 .898 | Subsect Name Lest 1.D. Subsect 1.D. Subsect 1.D. Therator Name, 1.D. 130347 Location HPD 347 Van |



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1207% (w/vol) ethyl alcohol. The expiration date for this lot number is October 17, 2025 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 FN03072301 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.



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



Paula Nickelson Actine Director

Michael L. Parson Governo

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6029

Manufacturer: Guth

Model Number:

12V500

Agency:

HAZELWOOD PD

Agency Address: 415 ELM GROVE LANE, HAZELWOOD, MO 63042

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

10/27/2023

Date of Expiration:

ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

34.01

34.01

.02

The combined uncertainty is calculated with a k=2 value

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

8/2/2024

Certification Expiration:

8/2/2025

Simulator testing technician: M. BOND

Notes on Condition; none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP6029 822024

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP Revision Date: 06/25/2022

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 2

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



DANIEL JOHNSTON

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 EC/IR II

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. MA

| DATE10/31/2023 | White Wassin |
|--------------------|------------------------------------------------------|
| | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY |
| NUMBER 230242 | |
| | Douls I Michelson |
| EXPIRES 10/31/2025 | |
| MO 580-0771 (5-10) | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |

LAB 4 (RS-10)

