

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

REPORT #7

### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

Complete this report in duplicate at the time Send copy to Department of Health and Ser				d whenev	er instrument is	repaired.	
NAME OF AGENCY Raymore Police Department			DATE OF INSPECTION 07/05/2024				
LOCATION OF INSTRUMENT (STREET AND CITY) 100 Municipal Cir, Raymore				TIME OF INSPECTION 10:35 am			
CHECKLIST: Place a mark in the box by eac where determined.) Unmarked items must b			within establish	ed limits.	(Write in observe	ed values	
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, INC LOT # 23180 EXP. DATE 05/17/2025							
☑ SIMULATOR TEMPERATURE (34°C ±	0.2°C) <u>34.0</u> SII	M. SNSD225	6 SIM. N	NIST EXF	ST EXP DATE 10/05/2024		
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 ▼ .100		TEST 3 ★ .100				
☑ 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 (004) 0	(.0509)	(.1014) 0	(.1519)	0	(OVER .19)	0	
List any new parts and describe any alterat established limits (use other side if necessal		was made to restore	the instrument	to operat	e satisfactorily a	nd within	
INSPECTING OFFICER							
SIGNATURE			John Keltner				
TYPE II PERMIT NUMBER/EXPIRATION DATE 230321 - 12/21/2025			TELEPHONE NUMBER (816) 331-0530				
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: 105443 Version no: 532B

TEST RECORD

210L Date Temp

Air Blank: 07/05/24 10:39 .000 Calibration Check: 21 07/05/24 10:39 .101

Subject Name

test 1 Subject I.D.

John Keltnes 230321 Operator Name, I.D.

haymore Location

Baymore, MO 64083

AS IV Serial no: 105443 Version no: 532B

TEST RECORD 01521

Time 210L Temp Air Blank: 07/05/24 10:41 .000 Calibration Check: 22 07/05/24 10:41 .100

Subject Name

test 2 Subject I.D.

John Keltner 230321 Operator Name, I.D.

Raymore PD Location

100 Municipal Cir

haymore, MO 64083

AS IV Serial no: 105443 Version no: 532B

TEST RECORD 01522

Time 210L

Air Blank: 07/05/24 10:42 .000 Calibration Check: 23 07/05/24 10:42 .100

Subject Name

Test 3

Subject I.D.

John Keltner 230321

Operator Name, I.D.

haymore

AS IV Serial no: 105443 Version no: 532B

TEST RECORD 01523

Time 210L VOID: RFI

12 07/05/24 10:45

Subject Name

Test 4
Subject I.D.

John Keltner 230321 Operator Name, I.D.

Baymore Location



#### 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 **Acting Director** 

Michael L. Parson Governor

# SIMULATOR CERTIFICATION REPORT

#### SIMULATOR INFORMATION

Simulator Serial Number: SD2256

Manufacturer: Guth

Model Number:

10-4D

Agency:

RAYMORE PD

Agency Address: 100 MUNICIPAL CIRCLE, RAYMORE, MO 64083

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

10/24/2022

Date of Expiration:

10/24/2023

**ENVIRONMENTAL CONDITIONS** 

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

#### VERIFICATION RESULTS

Simulator Average

NIST Average

**Combined Uncertainty** 

34.00

33.98

.04

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

#### ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

10/5/2023

Certification Expiration:

10/5/2024

Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

Brican Mehron

BRIANNA MEDRANO

Certification No:

SD2256\_1052023

**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 Page 1 of 1



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23180 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on May 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1220% (w/vol) ethyl alcohol. The expiration date for this lot number is May 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 FN11172002 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** 



# **PERMIT**

### JOHN KELTNER

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. Mike Massur DATE 12/21/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230321 Davea I. nichelson EXPIRES 12/21/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

KELTNER, JOHN Operator

Permit No Date Issued 12/21/2023

Date Expires 12/21/2025

