



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

RECEIVED
 By Tracy Crews at 7:36 am, Apr 26, 2024

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 111660	NAME OF AGENCY Fredericktown Police Dept.	DATE OF INSPECTION 04/25/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 120 W. Main St. - Fredericktown		TIME OF INSPECTION 11:39 am

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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>GUTH Laboratories</u> LOT # <u>23390</u> EXP. DATE <u>10/17/2025</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.00</u> SIM. SN <u>MP 2936</u> SIM. NIST EXP DATE <u>01/29/2025</u>	

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 .101	TEST 3 .101
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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)	1
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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).
 Instrument is operating properly

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME Michael Sletten
TYPE II PERMIT NUMBER/EXPIRATION DATE 220261 - 11/17/24	TELEPHONE NUMBER (573) 783-3660

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: 111660
Version no: 532B

TEST RECORD 00842

Temp	Date	Time	s/ 210L
Air Blank:			
	04/25/24	11:43	.000
Calibration Check:			
21	04/25/24	11:43	.101

Subject Name
SAMPLE TEST #1
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN-220261
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00843

Temp	Date	Time	s/ 210L
Air Blank:			
	04/25/24	11:44	.000
Calibration Check:			
22	04/25/24	11:44	.101

Subject Name
SAMPLE TEST #2
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN-220261
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00844

Temp	Date	Time	s/ 210L
Air Blank:			
	04/25/24	11:46	.000
Calibration Check:			
23	04/25/24	11:46	.101

Subject Name
SAMPLE TEST #3
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN-220261
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00841

Temp	Date	Time	s/ 210L
Air Blank:			
	04/25/24	11:39	.000
Subject Test: Auto			
20	04/25/24	11:39	.000

Subject Name
BLANK TEST
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN-220261
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

TEST RECORD 00845

Temp	Date	Time	s/ 210L
VOID: RFI			
12	04/25/24	11:50	

Subject Name
RFI CHECK
Subject I.D.
MONTHLY MAINT.
Operator Name, I.D.
M. SLETTEN-220261
Location
FREDERICKTOWN PD

AS IV Serial no: 111660
Version no: 532B

Last Calibration:
04/25/23 10:07 .100

Test Results:
00839 VOID: RFI
12 03/29/24 14:48
00.0 Lit. 00.0 Sec.
00840 Subject Test: Auto
24 03/29/24 14:49 .218
01.5 Lit. 02.2 Sec.
00841 Subject Test: Auto
20 04/25/24 11:39 .000
01.5 Lit. 04.5 Sec.
00842 Calibration Check:
21 04/25/24 11:43 .101
00.0 Lit. 00.0 Sec.
00843 Calibration Check:
22 04/25/24 11:44 .101
00.0 Lit. 00.0 Sec.
00844 Calibration Check:
23 04/25/24 11:46 .101
00.0 Lit. 00.0 Sec.
00845 VOID: RFI
12 04/25/24 11:50
00.0 Lit. 00.0 Sec.



Paula Nickelson
 Acting Director

Michael L. Parson
 Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP2936 **Manufacturer:** Guth
Model Number: 12V500
Agency: FREDERICKTOWN PD
Agency Address: 120 W MAIN ST, FREDERICKTOWN, MO 63645

NIST THERMOMETER INFORMATION

Serial Number: 17KMM00690 **Bias:** 0.00
Uncertainty: 0.02
Date of Certification: 10/27/2023 **Date of Expiration:** 10/27/2024

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>
33.99	34.00	.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 1/29/2024
Certification Expiration: 1/29/2025
Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: BRIANNA MEDRANO
Certification No: MP2936_1292024

X

DHSS BAP Scientist Approving



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 **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 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, 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 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.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
MICHAEL D. SLETTEN

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

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.

DATE 11/17/2022

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220261

Dave S. Nickelson

EXPIRES 11/17/2024

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 586-0771 (5-10)

LAB-4 (RS 10)

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 SLETTEN, MICHAEL
Permit No 220261
Date Issued 11/17/2022 Date Expires 11/17/2024

