



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 1:51 pm, Jan 16, 2025

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 03791	NAME OF AGENCY Hazelwood Police Department	DATE OF INSPECTION 01/15/2025
----------------------------	---	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 415 Elm Grove Ln, Hazelwood, MO 63042	TIME OF INSPECTION 6:05 pm
---	-------------------------------

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>34.01</u> SIM. SN <u>MP6029</u> SIM. NIST EXP DATE <u>08/02/2025</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 <input checked="" type="checkbox"/> .100	TEST 2 <input checked="" type="checkbox"/> .100	TEST 3 <input checked="" type="checkbox"/> .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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(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 January 2025
Simulator Bottle #768

INSPECTING OFFICER

SIGNATURE 504	PRINT NAME Shane J Olmsted
TYPE II PERMIT NUMBER/EXPIRATION DATE 230237 / 10-31-2025	TELEPHONE NUMBER (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.

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00088

Temp Date Time 210L 9/

Air Blank: 01/15/25 18:05 .000
Calibration Check: 22 01/15/25 18:05 .100

Subject Name
Test 1

Subject I.D.

Shane Olmsted

Operator Name, I.D.

230237

Location

Hazelwood BAT Van

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00089

Temp Date Time 210L 9/

Air Blank: 01/15/25 18:07 .000
Calibration Check: 23 01/15/25 18:07 .100

Subject Name
Test 2

Subject I.D.

Shane Olmsted

Operator Name, I.D.

230237

Location

Hazelwood BAT van

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00090

Temp Date Time 210L 9/

Air Blank: 01/15/25 18:09 .000
Calibration Check: 23 01/15/25 18:09 .100

Subject Name
Test 3

Subject I.D.

Shane Olmsted

Operator Name, I.D.

230237

Location

Hazelwood BAT van

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00091

Temp Date Time 210L 9/

VOID: RFI
12 01/15/25 18:12

Subject Name
RFI test

Subject I.D.

Shane Olmsted

Operator Name, I.D.

230237

Location

Hazelwood BAT Van

AS IU Serial no: 030791
Version no: 532B

TEST RECORD 00092

Temp Date Time 210L 9/

Air Blank: 01/15/25 18:13 .000
Calibration Check: 23 01/15/25 18:13 .000

Subject Name
Self test

Subject I.D.

Shane Olmsted

Operator Name, I.D.

230237

Location

Hazelwood BAT van



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.



Paula Nickelson
Acting Director

Michael L. Parson
Governor

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: 10/27/2024

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Table with 3 columns: Simulator Average (34.01), NIST Average (34.01), Combined Uncertainty (.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

X [Handwritten signature of Brianna Medrano]

DHSS BAP Scientist Approving



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

2

PERMIT
TYPE II
SHANE J. OLMSTED

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.

DATE 10/31/2023

NUMBER 230237

EXPIRES 10/31/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielsen

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 OLMSTED, SHANE
Permit No 230237
Date Issued 10/31/2023 Date Expires 10/31/2025

