

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

REPORT #7

Complete this report in du Send copy to Department					never instrument is repaired.	
ALCO SENSOR IV SN 030791		NAME OF AGENCY Hazelwood Police Department			DATE OF INSPECTION 02/12/2025	
LOCATION OF INSTRUMENT (S 415 Elm Grove Ln, Haz				TIME 6:00	OF INSPECTION	
CHECKLIST: Place a mar where determined.) Unma			1 US 53	within established lin	nits. (Write in observed values	
DIGITAL READOUT	(ALL ELEMENTS C	PERATIONAL)				
D TEMPERATURE OF	ALCO SENSOR (1	0°C - 40°C)				
	PROPERLY					
TIME AND DATE DIS	PLAYING PROPER	RLY				
BREATH ALCOHOL ACC	CURACY STANDAR	RDS				
SIMULATOR SOLUT	ION			D ETHANOL-GAS M	IXTURE	
STANDARD SUPPLI	ER Guth Laborato	riesL	OT # <u>23390</u>	EXP. DATE 10/1	7/2025	
	RATURE (34°C ± 0	.2°C) <u>34.01</u> SII	M. SN MP602	9 SIM. NIST	EXP DATE 08/02/2025	
 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 • .100		TEST 2 🕿 .100		TEST 3 🕶 .100		
RFI DETECTOR OPE	RATING					
INDICATE THE NUMBER (DO NOT INCLUDE SEL			G RANGES SINCE	THE LAST MAINTE	NANCE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and d established limits (use oth BA Maintenance Febru Simulator Bottle # 136	escribe any alteration ner side if necessary uary 2025	on or modification that v		the instrument to op	erate satisfactorily and within	
INSPECTING OFFICER						
SIGNATURE	alle	504		PRINT NAME Shane Olmsted		
230237 / 10-31-2025	ON DATE			теlephone number (314) 838-5000		
Return completed repor		lcohol Program, MO De fax, or email.	partment of Health a	nd Senior Services, S	Southeast District Office	

	AS IV Serial no: 030791 Version no: 5328 TEST RECORD 00097 Temp Date Time 210L Air Blank: 02/12/25 18:10.000 Subject Test: Auto 25 02/12/25 18:10.000 Subject Name Subject I.D. 330 337 Subject I.D. 330 337 Subject I.D. 330 337 PPO SHT Van	
AS IV Serial no: 030791 Version no: 5328 TEST RECORD 00096 Sev	18:06 57 6. I.D. 7 Var	
AS IV Serial no: 030791 Version no: 532B TEST RECORD 00095 Temp Date Time 210L	Air Blank: Air Blank: 02/12/25 18:05 .000 Calibration Check: 24 02/12/25 18:05 .100 Subject Name Test Same Subject I.D. Subject I.D. MSPO Creation HPD BAT VAN	
AS IV Serial no: 030791 Version no: 5328 TEST RECORD 00094 Temp Date Time 210L	2	
AS IV Serial no: 030791 Version no: 532B TEST RECORD 00093	Air Blank: Blank: B2/12/25 18:00 .000 Calibration Check: 22 02/12/25 18:00 .100 Subject Name TCST Shane OlmSted Deerator Name, I.D. B30237 Location HPO BAT VIAN	



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 $34^{\circ}C$ +/- .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.

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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 Acting Director Michael L. Parson Governor

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6029 Manufacturer: Guth

Model Number: 12V500

Agency:

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

NIST THERMOMETER INFORMATION

HAZELWOOD PD

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

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Simulator Average

NIST Average

34.01

34.01

Combined Uncertainty .02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:8/2/2024Certification Expiration:8/2/2025Simulator testing technician:M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: Certification No: BRIANNA MEDRANO MP6029 822024

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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



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



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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Mike Massin

Daven I. nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

Operator O Permit No 23 Date Issued 10	30237	HANE Date Expires 10/31/2025
		zed to operate an evidential breath alcohol of the alcoholic content in breath form of expired a
		MENT OPERATOR CARD
	DEPARTME	OF MISSOURI NT OF HEALTH AND SENIOR SERVICES COHOL PROGRAM