

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED By Tracy Crews at 1:41 pm, Feb 05, 2025

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time	of the regular monthly p	reventative maintena	ance check, and	whenev	er instrument is	repaired.	
Send copy to Department of Health and Sen						•	
ALCO SENSOR IV SN 100291				DATE OF INSPECTION 02/04/2025			
LOCATION OF INSTRUMENT (STREET AND CITY) 700 W. Main Street, Willow Springs Missouri 65793			TIME OF INSPECTION 7:44 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							
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE							
STANDARD SUPPLIER Guth Laboratories LOT # #24310 EXP. DATE 08/27/2026							
✓ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.9 SIM. SN MP5539 SIM. NIST EXP DATE 03/21/2025							
 ✓ CALIBRATION CHECK – (ONLY ONE S Run three tests using a standard solutio less. Check the box corresponding to the ✓ 0.100% STANDARD - MUST READ	n. All three tests must be standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	e within ±5% of the s used. (PRINTOUT A i 0.105% INCLUSIVE i 0.084% INCLUSIVE	tandard value ar TTACHED) E E		have a spread o	of .005 or	
TEST 1 ☞ .10	TEST 2 ≈ .10	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 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	0	
List any new parts and describe any alterati established limits (use other side if necessar		vas made to restore	the instrument to	operat	te satisfactorily a	nd within	
INSPECTING OFFICER	PRINT NAME						
SIGNATURE LLES CLEISON			Wes Ellison #401				
TYPE II PERMIT NUMBER/EXPIRATION DATE #230026 Expires 02/14/2025			TELEPHONE NUMBER (417) 469-3158				
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: 100291
Version no: 532B

TEST RECORD 00849

Temp Date Time 2101

Air Blank:
02/04/25 07:44 .000
Calibration Check:
22 02/04/25 07:44 .100

Subject Name

IST

Subject I.D.

230026

Deerstor Name, I.D.

Location

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00850

Temp Date Time 210L

Air Blank:
02/04/25 07:47 .000
Calibration Check:
23 02/04/25 07:47 .100

Subject Name
1857 2

Subject I.D.

230026
Operator Name, I.D.

Location

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00851

Temp Date Time 210L

Air Blank: 92/04/25 07:51 .000
Calibration Check: 24 02/04/25 07:51 .099

Subject Name

IEST 3

Subject I.D.

230026
Operator Name, I.D.

Location

WSPD

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00852

Temp Date Time 210L

VOID: RFI _12 02/04/25 07:53

Subject Name

- - - T T

Subject I.D.

Operator Name: I.D.

W. ELLISON

Location

WSPD



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24310 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 28, 2024, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is August 27, 2026 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



Governor

Paula Nickelson Acting Director

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP5539

Manufacturer: Guth

Model Number:

12V500

Agency:

WILLOW SPRINGS PD

Agency Address: 700 W MAIN ST, PO BOX 190, WILLOW SPRINGS, MO 65793

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

Simulator Average

NIST Average

Combined Uncertainty

34.00

34.00

.02

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

3/21/2024

Certification Expiration:

3/21/2025

Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP5539 3212024

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



PERMIT TYPE!!

WES ELLISON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repair and operate the following breath analyzer(s):

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

577.020 through 577.041, RSMo and 306.111 through 306.119 RS	imo. Mike Masani
DATE2/14/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230026	Daven J. Nie Deles
EXPIRES 2/14/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)



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 all in Missouri

Operator ELLISON, WES

Permit No 230026

Date Issued 2/14/2023 Date Expires 2/14/2025

