



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

ACCER.				
Complete this report in duplicate at the time Send copy to Department of Health and Seni				never instrument is repaired.
ALCO SENSOR IV SN 100291	PRINTER SN 093.3563.019			of inspection 04/2021
LOCATION OF INSTRUMENT (STREET AND CITY) Willow Springs Police Department			8:1	of Inspection 1 am
CHECKLIST: Place a mark in the box by each			ng within established l	limits. (Write in observed val-
ues where determined.) Unmarked items mu	st be corrected before u	sing instrument.		
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)				
PRINTER WORKING PROPERLY				
TIME AND DATE DISPLAYING PROPE				
BREATH ALCOHOL ACCURACY STANDA	RDS			
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Guth Laborate	ories L	OT # 19160	EXP. DATE 07/0	9/2021
SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) <u>34</u> SIMI	ULATOR SNMP	5539 SIMULATOI	R EXP DATE <u>08/28/2021</u>
less. Check the box corresponding to the  0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.095% and BETWEEN 0.076% and	d 0.105% INCLUSIVI d 0.084% INCLUSIVI	E E	
TEST 1 .101	TEST 2 .101		TEST 3101	
☑ 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 ope	erate satisfactorily and within
INSPECTING OFFICER			PRINT NAME	
SIGNATURE /			Wes Ellison	
TYPE II PERMIT NUMBER/EXPIRATION DATE #290080 04-16-2021			TELEPHONE NUMBER (417) 469-3158	
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Boulevard Poplar Bluff, MO 63901				
ı Poplar B	siuit. MO 63907			

fis IV Serial no: 166291 Version no: 532B  TEST RECORD 60574  Temp Date Time 2161 VOID: RFI 12 61/04/21 08:17  Subject Name  A A A  Subject I.D.  Eubject I.D.  Location  Location  Location	
HS IV Serial no: 188291 Version no: 532B  TEST RECORD 88573  Temp Date Time 2161 61/84/21 88:16 .888 24 81/84/21 88:16 .181 Subject Name  TEST AS Subject I.D.  Www. SPRWSS PD	
AS IV Serial no: 108291  TEST RECORD 88572  Temp Date Time 218L  Air Blank:  Calibration Check:  Subject Name  Subject I.B.  Subject I.B.  Derator Name, I.B.  Location	
#S IV Serial no: 188291 Version no: 532B  TEST RECORD 88571  fir Blank: 81/84/21 88:11 .888  Calibration Check: 23 81/84/21 68:11 .181  Subject Name  7657 # / Subject I.B.  W. ELUSON  OPERATOR Name  1.57 # /  Subject I.B.  # 290.080	



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19160 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 10, 2019, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1202% (w/vol) ethyl alcohol. The expiration date for this lot number is July 9, 2021 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 FN04271602 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



Michael L. Parson Governor

Randall W. Williams, MD, FACOG

# SIMULATOR CERTIFICATION REPORT

#### SIMULATOR INFORMATION

Simulator Serial Number: MP5539

Manufacturer: Guth

Model Number:

12V500

Agency:

WILLOW SPRINGS PD

Agency Address: 123 E MAIN ST, WILLOW SPRINGS, MO 65793

#### NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

10/10/2019

Date of Expiration: 10/10/2020

#### 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:

8/28/2020

Certification Expiration:

8/28/2021

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

B. LUTMER

Certification No:

MP5539 8282020

**DHSS BAP Scientist Approving** 



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# WES ELLISON

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

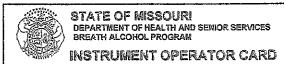
## ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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.

DATE4/16/2019	hense		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 290080			
EXPIRES 4/16/2021	for Willen		
	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 air in Missoun.

Operator ELLISON, WES

Permit No 290080

Date Issued 4/16/2019 Date Expires 4/16/2021

