

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time Send copy to Department of Health and Sen				ever instrument is repaired.	
ALCO SENSOR IV SN 100291	NAME OF AGENCY Willow Springs F	Police Department		OF INSPECTION 0/2021	
LOCATION OF INSTRUMENT (STREET AND CITY) Willow Springs Police Dept. 700 W. Main St, Willow Springs MO			TIME 0	of inspection 1 am	
CHECKLIST: Place a mark in the box by each			within established limi	ts. (Write in observed values	
where determined.) Unmarked items must be corrected before using instrument.					
☑ DIGITAL READOUT (ALL ELEMENTS C	PERATIONAL)				
✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)					
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDA	RDS				
SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE					
☑ STANDARD SUPPLIER Guth Laborate	ories L	OT # 19160	EXP. DATE 07/09	9/2021	
SIMULATOR TEMPERATURE (34°C ± 0).2°C) <u>33.99</u> SI	м. sn <u>МР553</u>	9 SIM. NIST E	XP DATE <u>08/28/2021</u>	
Run three tests using a standard solution less. Check the box corresponding to the	e standard solution being BETWEEN 0.095% an BETWEEN 0.076% an	g used. (PRINTOUT A d 0.105% INCLUSIVI d 0.084% INCLUSIVI	ATTACHED) E E	ist have a spread of .005 of	
TEST 1 ♥ .099	TEST 2 .098		TEST 3 ≈ .097		
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		was made to restore	the instrument to ope	rate 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 A	Alcohol Program, MO De fax. or email.	epartment of Health a	nd Senior Services, S	outheast District Office	

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00576

Temp Date Time 210L

Air Blank: 02/09/21 10:11 .000
Calibration Check: 24 02/09/21 10:11 .099

Subject Name

TEST
Subject I.D.

290080

Operator Name, I.D.

Location

Location

Location

PD

MONEY ---

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00577

Temp Date Time 210L

Air Blank: 02/09/21 10:16 .000

Calibration Check: 25 02/09/21 10:16 .098

Subject Name

TEST 2

Subject I.D.

#290080

Operator Name, I.D.

W. Ellison

Location

Willow Sperings

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00578

Temp Date Time 210L

Air Blank:
 02/09/21 10:19 .000
Calibration Check:
 25 02/09/21 10:19 .097

Subject Name

TEST #3

Subject I.D.

290080

Operator Name, I.D.

Location

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00579
s/
Temp Date Time 210L
VOID: RFI
12 02/09/21 10:24

Subject Name

RFI

Subject I.D.

290080

Operator Name, I.D.

W. Euison

Willow Springs

<u>PD</u>



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

Randall W. Williams, MD, FACOG Director



Michael L. Parson Governor

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



type ii

WES ELLISON

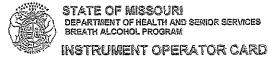
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

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	Wante		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 290080			
EXPIRES 4/16/2021	Je William		
In the state of th	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
	1 AD 7 FIRE CO		

MO 680-0771 (6-10)



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 Missouri.

Operator ELLISON, WES Permit No 290080

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

