

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

4.185555.									
Complete this report in duplic Send copy to Department of		-					whenev	er instrument is	repaired.
ALCO SENSOR IV SN 100291	NAME OF AGENCY Willow Springs Police Department				DATE OF INSPECTION 06/30/2020				
LOCATION OF INSTRUMENT (STRE 700 W. Main Street, Willow						TIME OF INSPECTION 9:44 am			
CHECKLIST: Place a mark in	the box by each i	tem if found to	be satis	factory or if on	erating	within establishe	ed limits.	(Write in observe	ed values
where determined.) Unmarke	ed items must be	corrected befo	re using						
DIGITAL READOUT (ALI	L ELEMENTS OF	PERATIONAL)				······································			
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)									
PRINTER WORKING PROPERLY									
☑ TIME AND DATE DISPLAYING PROPERLY									
BREATH ALCOHOL ACCUR	RACY STANDAR	DS					*****		
☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE									
STANDARD SUPPLIER Guth Laboratories LOT # 21080 EXP. DATE 03/08/2023									
☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 33.99 SIM. SN MP5539 SIM. NIST EXP DATE 10/13/2022									
Run three tests using a sless. Check the box corres 0.100% STANDARD 0.080% STANDARD 0.040% STANDARD	esponding to the s D - MUST READ I D - MUST READ I	standard soluti BETWEEN 0.0 BETWEEN 0.0	on being 195% an 176% an	g used. (PRIN d 0.105% INC d 0.084% INC	TOUT A LUSIVE LUSIVE	TTACHED) E E	na must	nave a spread c	บ .005 or
TEST 1 .101		TEST 2 ☎ .099				TEST 3 ☞ .100			
☐ RFI DETECTOR OPERA	TING								
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)									
REFUSALS 0 (0-	04) 0	(.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	0
List any new parts and descreestablished limits (use other	•		on that	was made to	restore	the instrument t	o operat	e satisfactorily a	nd within
INSPECTING OFFICER									
SIGNATURE /					PRINT NAME Wes Ellison #401				
TYPE II PERMIT NUMBER/EXPIRATION D #210025 02/20/2023					TELEPHONE NUMBER (417) 469-3158				
Return completed report to		ohol Program x, or email.	, MO De	partment of H	ealth ar			heast District Of	fice



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 21080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 10, 2021, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is March 8, 2023 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 FN03052002 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.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



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.

DATE2/20/2021	We have				
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER 210025					
EXPIRES 2/20/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES				
LAM COD 0275 (G 40)	DIRECTOR OF DEPARTMENT OF TIPALTRAND GENION GERVICES 1 \$P.4 (P6-10)				

MO 690-0771 (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 air

Operator ELLISON, WES Permit No 210025

Date Issued 2/20/2021 Date Expires 2/20/2023





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

Donald G. Kauerauf 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: 700 W MAIN ST, PO BOX 190, WILLOW SPRINGS, MO 65793

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00689

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

12/15/2020

Date of Expiration:

12/15/2021

ENVIRONMENTAL CONDITIONS

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

VERIFICATION RESULTS

Simulator Average

NIST Average

Combined Uncertainty

33.99

34.00

.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

10/13/2021

Certification Expiration:

10/13/2022

Simulator testing technician: M. BOND

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP5539 10132021

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP Revision Date: 05/16/2018

Breath Alcohol Program 1903 Northwood Drive, Suite 4 Poplar Bluff, MO 63901

DHSS BAP Document 3.6A Revision 1 Page 1 of 1 AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00644

Temp Date Time 210L

Air Blank: 06/30/22 09:44 .000
Calibration Check: 24 06/30/22 09:44 .101

Subject Name

ESI
Subject I.D.
ELUSON

Operator Name; I.D.

Haloo 25

Location

Willow SPangs

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00645

Temp Date Time 210L Air Blank: 06/30/22 09:47 .000 Calibration Check: 25 06/30/22 09:47 .099

Subject Name

18ST 2

Subject 1.U.

Operator Name, I.D.

Location

WILLOW Sprays

POHCE

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00646

Temp Date Time 210L Air Blank: 06/30/22 09:51 .000 Calibration Check: 25 06/30/22 09:51 .100

Subject Name 188/ #3

Subject I.D.

Operator Name, I.D.

Location

Willow Springs

POU CE

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00647

Temr Date Time 210L

VOID: RFI 12 06/30/22 09:53

Subject Name

Subject I.D.

ELUSON

Operator Name, I.D.

#210025

Location

Willow SPRINGS

Folice