

By Tracy Crews at 11:28 am, Jul 01, 2022



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 of Send copy to Department of Health and Senio	of the regular monthly pror Services; retain origina	eventative maintenal	ance check, and wher	never instrument is repaired.	
ALCO SENSOR IV SN 105446	NAME OF AGENCY LONE JACK		1	OF INSPECTION 9/2022	
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N BYNUM RD LONE JACK			TIME (DF INSPECTION am	
CHECKLIST: Place a mark in the box by each where determined.) Unmarked items must be	item if found to be satisfa corrected before using ir	ctory or if operating	within established lim	its. (Write in observed values	
DIGITAL READOUT (ALL ELEMENTS OF					
☑ 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 LABORA	ATORIES LO	T # 22080	EXP. DATE 03/07	7/2024	
☑ SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) 34.0 SIM.	SN MP653	5 SIM. NIST E	XP DATE <u>09/22/2022</u>	
Run three tests using a standard solution. less. Check the box corresponding to the s 0.100% STANDARD - MUST READ E 0.080% STANDARD - MUST READ E 0.040% STANDARD - MUST READ E TEST 1 .097 T RFI DETECTOR OPERATING INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED T	standard solution being us BETWEEN 0.095% and 0 BETWEEN 0.038% and 0 BETWEEN 0.038% and 0 EST 2 .097	ised. (PRINTOUT A 0.105% INCLUSIVE 0.084% INCLUSIVE 0.042% INCLUSIVE	TTACHED) TEST 3 .096		
REFUSALS 2 (004) 0		.1014) 0	(.1519) 0	(OVER .19) 0	
List any new parts and describe any alteration established limits (use other side if necessary)	or modification that wa	s made to restore t	the instrument to oper	rate satisfactorily and within	
INSPECTING OFFICER					
· YWY WSCOTT			PRINT NAME RYAN BIRD		
туре II РЕРМІТ NUMBER/EXPIRATION БАТЕ 210256 11/18/2023			TELEPHONE NUMBER (816) 697-2417		
Return completed report to the: Breath Alco by mail, far	ohol Program, MO Depar K, or email.	rtment of Health an	d Senior Services, So	utheast District Office	

TEST RECORD 00955 9/ Temp Date Time 2181 Air Blank: 96/29/22 18:40 **.000** Calibration Check: 29 86/29/22 18:40 .097 Subject Mame Operator Name, I.D. lone Inck P.D. AS IV Serial no: 105446 Version not 582B TEST RECORD 90956 9,00 Temp Date Time 210L Air Blank: 66/29/22 18:42 **.000** Calibration Check: 29 96/29/22 18:42 .097 Subject Hame

AS IU Serial no: 105446

Version no: 5328

AS IV Serial no: 185446
Version no: 532B

TEST RECORD 80957

Temp Date Time 2101
Air Blank:
86/29/22 18:44 .000
Calibration Check:
30 86/29/22 18:44 .096

Subject Hame
Lyan Bind
Subject I.D.
2486

Uperator Hame: I.D.
Uncation
Un

AS IV Serial no: 185446
Version no: 582B

TEST RECORD 00958

Teme Date Time 210L

VOID: RFI
12 06/29/22 18:45

Subject Name

Lyan Bind

Subject Name

Subject Name

Lyan Bind

Subject Name

Lyan Bind

Subject Name

Subject Name

Lyan Bind

Subject Name

Subject Name

Lyan Bind

Subject Name

Lyan



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22080 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2022, 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 7, 2024 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.



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 1-800-735-2965 VOICE 1-800-735-2466





Michael L. Parson Governo

SIMULATOR CERTIFICATION REPORT

SIMULATOR INFORMATION

Simulator Serial Number: MP6535

Manufacturer: Guth

Model Number:

12V500

Agency:

LONE JACK PD

Agency Address: 401 N BYNUM RD, LONE JACK, MO 64070

NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

0.01

Uncertainty:

0.02

Date of Certification:

11/10/2021

Date of Expiration:

11/10/2022

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

34.01

.03

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

ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing:

2/1/2022

Certification Expiration:

2/1/2023

Simulator testing technician: D. DEBOARD

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving:

BRIANNA MEDRANO

Certification No:

MP6535 212022

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

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



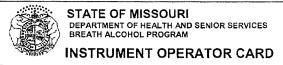
PERMIT TYPE II RYAN BIRD

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

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.

577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo	
DATE11/18/2021	Laura 9- Nay
NUMBER 210256	Donnel S. Kann
EXPIRES 11/18/2023	DIRECTOR OF DEPARTMENT OF HEALTH AND 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 ai in Missouri.

Operator BIRD, RYAN Permit No 210256

Date Issued 11/18/2021 Date

Date Expires 11/18/2023

