





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

- Alberta					
Complete this report in duplicate at the time of Send copy to Department of Health and Senior	the regular monthly Services; retain orig	preventative mainter inal in department file	nance check, and wl	henever instrument is repaired.	
ALCO SENSOR IV SN 105446	NAME OF AGENCY Lone Jack			TE OF INSPECTION	
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum Rd, Lone Jack				DE OF INSPECTION	
CHECKLIST: Place a mark in the box by each it	em if found to be satis	sfactory or if operating	within established I	limits. (Write in observed values	
where determined.) Unmarked items must be o	corrected before using	g instrument.			
☑ DIGITAL READOUT (ALL ELEMENTS OP	ERATIONAL)				
TEMPERATURE OF ALCO SENSOR (10°	C - 40°C)				
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDARD)S				
SIMULATOR SOLUTION	IULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE				
STANDARD SUPPLIER Guth Laborator	ries, INC	LOT # 22080	EXP. DATE 03/07/2024		
SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP6535 SIM. NIST EXP DATE 02/01/2024					
RFI DETECTOR OPERATING	tandard solution bein ETWEEN 0.095% ar ETWEEN 0.076% ar ETWEEN 0.038% ar	g used. (PRINTOUT nd 0.105% INCLUSIV nd 0.084% INCLUSIV nd 0.042% INCLUSIV	ATTACHED) TE TE TEST 3 • .100		
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TI	S IN THE FOLLOWIN ESTS)	NG RANGES SINCE	THE LAST MAINTE	ENANCE REPORT:	
	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 1	
List any new parts and describe any alteration established limits (use other side if necessary).	or modification that	was made to restore	the instrument to o	perate satisfactorily and within	
INSPECTING OFFICER					
SIGNATURE * Uhrua DeBoard	ia DeBoard		PRINT NAME Virginia DeBoard		
TYPE II PERMIT NUMBER/EXPIRATION DATE 210030 3/23/2023			TELEPHONE NUMBER (816) 697-2417		
Return completed report to the: Breath Alco	ohol Program, MO De c, or email.	epartment of Health a	nd Senior Services,	Southeast District Office	

Version no: 532B
TEST RECORD 00996
Temp Date Time 210L
Air Blanks
12/28/22 04:01 .000 Calibration Check:
20 12/28/22 04:01 .100
Subject Name
Subject I.D.
Operator Name. I.D. DIBOCUL 378 Location HOIN Bynum Rd
Location
401 NBynum Rd
Lone Jack
The state of the s
O .
AS IV Serial no: 105446 Version no: 5328
TEST RECORD 00997
9/ Temp Date Time 210L
Air Blank: 12/28/22 04:03 .000
Calibration Check: 21 12/28/22 04:03 .100
Subject Name
The second of th
Subject I.D.
Operator Name, I.II.
UlStard 378 Location
HOLADA ALAMA

AS IV Serial no: 105446

AS IV Serial no: 105446 Version no: 5328 TEST RECORD 00998 Temp Date Time 218L Air Blank: 12/28/22 84:05 .000 Calibration Check: 22 12/28/22 84:85 .186 Subject Name Subject I.D. ton Hame, I.D. AS IV Serial no: 105446 Version no: 532B TEST RECORD 00999 Temp Date Time 218L VOID: RFI 12 12/28/22 04:05 Subject Name Subject I.D. atan Hame: I.D.



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

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

Acting Director

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:

Date of Certification:

17KMM00690

Bias:

0.01

Uncertainty:

0.02

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



DERMIT TYPE II

VIRGINIA DEBOARD

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.

DATE ____2/23/2021 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 210030 EXPIRES 2/23/2023 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MO 580-0771 (6-10)

LAB-4 (RG-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 algohol instrument for the determination of the alcoholic content in breath form of expired air

Operator

DEBOARD, VIRGINIA

Permit No 210030 Date Issued 2/23/2021

Date Expires 2/23/2023

