



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

4955.03.4									
Complete this report in Send copy to Department	duplicate at the	e time of the regula d Senior Services:	r monthly retain orio	preventative	maintena	ance check, a	and whene	ver instrument i	s repaired.
ALCO SENSOR IV SN 111739	NAME OF	NAME OF AGENCY Lone Jack			DATE OF INSPECTION 12/28/2022				
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum Rd, Lone Jack		TY)	***************************************	*		7	TIME OF 3:03 a	INSPECTION M	3
CHECKLIST: Place a m where determined.) Un	ark in the box b	y each item if found	to be sati	sfactory or if	operating	within establi	shed limits	s. (Write in obser	ved values
DIGITAL READOU	,	* *		g instrument.	:	*	, , , , , , , , , , , , , , , , , , , 		
			· · ·	4.	:				
TEMPERATURE C					:	······································			
PRINTER WORKII	NG PROPERLY	,							
TIME AND DATE [,	:				
BREATH ALCOHOL A	CCURACY ST	ANDARDS							
SIMULATOR SOLU	JTION		;	□ сом	PRESSE	D ETHANOL-	GAS MIX	TURE	
☑ STANDARD SUPP	LIER Guth L	aboratories, INC		LOT # _220	30	EXP. DA	re <u>03/07/</u> 2	2024	
SIMULATOR TEMI	PERATURE (34	°C ± 0.2°C)34	.0 s	IM. SN	MP653	5 SIM	. NIST EX	P DATE 02/01/	2024
0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ		READ BETWEEN (READ BETWEEN (READ BETWEEN (BETWEEN 0.095% and 0.105% INCLUS BETWEEN 0.076% and 0.084% INCLUS BETWEEN 0.038% and 0.042% INCLUS			VE VE			
INDICATE THE NUMB (DO NOT INCLUDE SE	ER OF BREAT	H TESTS IN THE F	OLLOWI	NG RANGES	SINCE 1	THE LAST M	AINTENAI	NCE REPORT:	
REFUSALS 0	(004)	0 (.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	0
List any new parts and established limits (use o	describe any a other side if ned	lteration or modific essary).	ation that	was made to	restore	the instrumer	it to opera	te satisfactorily	and within
INSPECTING OFFICER						The state of the s			Action (a) control
SIGNATURE VURNIA	rd		PRINT NAME Virginia DeBoard						
YPE II PERMIT NUMBER/EXPIRATION DATE 210030 3/23/2023					:	TELEPHONE NUMBER (816) 697-2417			
Return completed rep	ort to the: Bro	eath Alcohol Progra mail, fax, or email.	m, MO De	epartment of	Health an	nd Senior Ser	vices, Sou	theast District O	ffice

no IV Serial no: 111739 Version no: 532B
TEST RECORD 00512
Temp Bate Time 218L
Air Blank: 12/28/22 83:43 .008 Calibration Check: 23 12/28/22 03:4 3 .09 6
Subject Name
Subject I.D.
Deerstor Hame, I.D. OdSOUL 378 Location HOIN Bynum RJ
Lone Jack
00 TH Coming to 2 11770
AS IU Serial no: 111739 Version no: 532B
TEST RECORD 00513
Temp Date Time 210L
Air Blank: 12/28/22 03:44 .000 Calibration Check: 25 12/28/22 03:44 .097
Subject Name
Subject I.D.
Operator Name, I.D. DOBoard 378 Location
401 D ByoumRd

hone fack

AS IV Serial no: 111739 Version no: 532B TEST RECORD 00514 Terre Date Pine 2186 Air Blank: 12/28/22 03:46 .000 Calibration Check: 26 12/20/22 60:46 .097 Subject Name Subject I.D. Organiar Name: I.D. AS IU Serial no: 111739 Version no: 532B TEST RECORD 00515 Temp Date Time 210L VOID: RFI 12 12/29/22 03:47 Subject Name Subject I.D. Arator Name: 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 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

Richard W. Moore 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:

17KMM00690

11/10/2021

Bias:

0.01

Uncertainty:

0.02

Date of Certification:

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 4 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:

MF6535 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, \$uite 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

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):

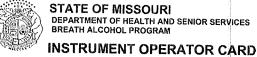
ALCO-SENSOR IV WITH PRINTER

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	who
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210030	
EXPIRES 2/23/2023	for the way
	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 Missouri.

Operator DEBOARD, VIRGINIA

Permit No 210030 Date Issued 2/23/2021

021 Date Expires 2/23/2023

