

# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# MISSOURI DEPARTMEN STATE PUBLIC HEALTH ALCO-SENSOR IV V

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

MACCCX>									
Complete this report in Send copy to Department	-	_	_	-			d whenev	ver instrument is	repaired.
ALCO SENSOR IV SN 100291	NAME OF AGENCY Willow Springs Police Department				DATE OF INSPECTION 05/18/2023				
LOCATION OF INSTRUMENT 700 W. Main Street, V	souri	ouri			TIME OF INSPECTION 10:40 am				
CHECKLIST: Place a ma					perating	within establish	ed limits.	(Write in observe	ed values
where determined.) Unmarked items must be corrected before using instrument.									
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)									
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)									
☑ TIME AND DATE DISPLAYING PROPERLY									
BREATH ALCOHOL AC	CURACY STANDA	RDS							
✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE									
STANDARD SUPPLIER Guth Laboratories LOT # #22430 EXP. DATE 11/30/2024									
☑ SIMULATOR TEMP	☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 3999 SIM. SN MP5539 SIM. NIST EXP DATE 02/07/2024							2024	
0.080% STANE	corresponding to the DARD - MUST REAL DARD - MUST REAL DARD - MUST REAL	BETWEEN 0 BETWEEN 0	.095% aı .076% aı	nd 0.105% IN nd 0.084% IN	CLUSIV CLUSIV	E E			
TEST 1 <b>☞</b> 0.95		TEST 2 • 0.95			TEST 3 • 0.95				
RFI DETECTOR OF	PERATING								
INDICATE THE NUMBE (DO NOT INCLUDE SE			OLLOWI	NG RANGES	SINCE	THE LAST MAI	NTENAN	ICE REPORT:	
REFUSALS 0	(004) 0	(.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	0
List any new parts and established limits (use o	-		ition that	was made to	restore	the instrument	to operat	te satisfactorily a	and within
INSPECTING OFFICER			Johnson menekkin						
SIGNATURE,						PRINT NAME			
> Was Cluster						Wes Ellison #401			
#230026 02/14/2025						(417) 469-3158			
Return completed repo		Alcohol Prograi fax, or email.	m, MO D	epartment of	Health a	ınd Senior Servi	ces, Sou	theast District Of	ffice

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00678

Temp Date Time 210L

Air Blank: 05/18/23 10:40 .000 Calibration Check: 24 05/18/23 10:40 .095

Subject Name

Subject I.D.

Operator Name, I.D.

#230026

Location

Whiten Spenys PD

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00679

Temp Date Time 210L

Air Blank: 05/18/23 10:44 .000 Calibration Check: 25 05/18/23 10:44 .095

Subject Name

TEST #2

Subject I.D.

ENGSON Operator Name, I.D.

Operator Name, I.I #230024

Location

Willer Spengs PD

AS IV Serial no: 100291 Version no: 5328

TEST RECORD 00680

Temp Date Time 210L

Air Blank: 05/18/23 10:47 .000 Calibration Check: 25 05/18/23 10:47 .095

Subject Name

Subject I.D.

EL450N

Operator Name, I.D.

Location

NINEW Springs PD

AS IV Serial no: 100291 Version no: 532B

TEST RECORD 00681

Temp Date Time 210L

VOID: RFI 12 05/18/23 10:49

Subject Name

Subject I.D.

Operator Name: I.D.

# 230026

Location

WILLOW SPRINGS PD



#### Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: \$73-751-6400 FAX: \$73-751-6010 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Paula Nickelson Acting Director

Michael I. Parson Governor

# SIMULATOR CERTIFICATION REPORT

### SIMULATOR INFORMATION

Simulator Serial Number: MP5539

Manufacturer: Guth

Model Number:

Agency:

WILLOW SPRINGS PD

Agency Address: 700 W MAIN ST, PO BOX 190, WILLOW SPRINGS, MO 65793

### NIST THERMOMETER INFORMATION

Serial Number:

17KMM00690

Bias:

0.00

Uncertainty:

0.02

Date of Certification:

10/24/2022

Date of Expiration: 10/24/2023

#### 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:

2/7/2023

Certification Expiration:

2/7/2024

Simulator testing technician: R. SCHILDKNECHT

Notes on Condition: none

Deviation(s) from method: none

**DHSS BAP Scientist Approving:** 

Brian Mehron

BRIANNA MEDRANO

Certification No:

MP5539 272023

DHSS BAP Scientist Approving

Simulator Calibration Certification

Issued by Lab Manager, DHSS BAP Revision Date: 06/25/2022

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

**DHSS BAP Document 3.6A** Revision 2 Page 1 of 1



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 22430 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 1, 2022, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is November 30, 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.



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

WES ELLISON

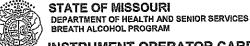
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

# ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the det	termination of the alcoholic content of blood from a sample	e of expired air. Permit issued under the provisions of sections
577.020 t	hrough 577.041, RSMo and 306.111 through 306.119 RS	Mile Massin
DATE	2/14/2023	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230026	Davea J. Nichelson
EXPIRES	2/14/2025	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680-0771 (G-10)

LAS-4 (R6-10)



#### 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 in Missouri.

Operator ELLISON, WES

Permit No 230026

Date Issued 2/14/2023 Date Expires 2/14/2025

