RECEIVED

By Tracy Crews at 10:25 am, Jan 30, 2023



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Allery,						
Complete this report in duplicate at the time of Send copy to Department of Health and Senio	of the regular monthly por Services; retain origin	preventative maint nal in department	enance check, an ile.	d whenever instrument is repaire	 ∍d.	
ALCO SENSOR IV SN 105446		DATE OF INSPECTION 01/29/2023				
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum Road, Lone Jack				TIME OF INSPECTION 1:55 am		
CHECKLIST: Place a mark in the box by each	item if found to be satis	factory or if operati	ng within establish	ned limits. (Write in observed valu	es	
where determined.) Unmarked items must be		instrument.				
DIGITAL READOUT (ALL ELEMENTS OF	PERATIONAL)					
☑ TEMPERATURE OF ALCO SENSOR (10	°C - 40°C)					
PRINTER WORKING PROPERLY						
☑ TIME AND DATE DISPLAYING PROPER	LY					
BREATH ALCOHOL ACCURACY STANDAR	DS				***************************************	
✓ SIMULATOR SOLUTION		☐ COMPRES	SED ETHANOL-G	AS MIXTURE		
STANDARD SUPPLIER Guth Laborato	ries, INC	OT # 22080	EXP. DATE	03/07/0202		
☑ SIMULATOR TEMPERATURE (34°C ± 0)	2°C) <u>34.0</u> SII	м. sn <u>МР6</u>		NIST EXP DATE 02/01/2023		
0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B 0.040% STANDARD - MUST READ B	BETWEEN 0.076% and BETWEEN 0.038% and	d 0.084% INCLUS	IVE IVE			
TEST 1 • .099	EST 2097		TEST 3 • .0	TEST 3 • .096		
RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED 1		G RANGES SINC	E THE LAST MAI	INTENANCE REPORT:		
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0 (OVER .19) 0		
List any new parts and describe any alteration established limits (use other side if necessary)	n or modification that v	vas made to resto	re the instrument	to operate satisfactorily and with	nin	
INSPECTING OFFICER						
· Vugina DeBoard			PRINT NAME Virginia DeBoard			
TYPE II PERMA NUMBER/EXPIRATION DATE 210030 2/23/2023			TELEPHONE NUMBER (816) 345-9176			
Return completed report to the: Breath Alc by mail, fa	cohol Program, MO Dep ux, or email.	partment of Health	and Senior Servi	ces, Southeast District Office		

AS IV Serial no: 105446
Version no: 532B

TEST RECORD 01000

Temp Date Time 210L

Air Blank:
01/29/23 01:55 .000

Calibration Check:
21 01/29/23 01:55 .099

Subject Name

Subject I.D.

Operator Hame: I.D.

Infumi V. Brank 378

Location

40/ N. Byrum Rd

Loce fack Mo

AS IV Serial no: 105446
Version no: 5328

TEST RECORD 01001

Temp Date Time 210L

Air Blank:
01/29/23 01:57.000
Calibration Check:
21 01/29/23 01:57.097

Subject Name

Subject I.D.

Operator Name: I.D.
Vifima Dismal 378
Location
40/N Symun Rd

Line Jack MO

AS IV	Serial on no:	no:		5446	•••
	SI RECO		.r 01.0	02	
Temp	Date	Ţ.	(4E)	9/ 2101	
Air B	729723	Gi:	59 .	. 888	-
53 81	ation (/29/23	Jhec 01:	k: 59 ,	096	
Subjec	t Name	felikkin njitov qe d rijijagi	mondo anna samegan ga		•
Subjec	t I.D.	Window (Crops)		and district and district, supply against	
:	of ranking the spirit, the control of the spirit and a spirit and the spirit and	Principle and supplement	-com and bysaujus		
Vign	or Name	Bor	D. Url	<u>37</u>	
Locati 40)	NRy				
	Jack				
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AS IV Serial no: 105446
Version no: 5328

TEST RECORD 01003

Temp Date Time 210L

VOID: RFI
12 01/29/23 01:59

Subject Name

Subject I.D.

Operator Name, I.D.

Vulime DeBoard 378

Location
40/N Bynum Rd

Love fach May



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

Blas:

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 .03

34.00

34.01

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

Page 1 of 1



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.

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DATE2/23/2021	whise
** ***********************************	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 210030	
EXPIRES 2/23/2023	for I the
וס	RECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 all in Missouri.

Operator DEBOARD, VIRGINIA

Permit No 210030

Date Issued 2/23/2021 Date Expires 2/23/2023

