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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

			J.,,,			REPORT#	
Complete this report in duplicate at the time of Send copy to Department of Health and Senio	of the regular monthly or Services; retain orig	preventative ma inal in departme	uintenance check, a	nd whene	ver instrument is	repaired.	
ALCO SENSOR IV SN 111739	NAME OF AGENCY Lone Jack		DATE OF INSPECTION 01/29/2023				
LOCATION OF INSTRUMENT (STREET AND CITY) 401 N Bynum Road, Lone Jack					INSPECTION		
CHECKLIST: Place a mark in the box by each	item if found to be satir	sfactory or if one	rating within establis			od values	
where determined.) Unmarked items must be	corrected before using	g instrument.	within establis	meu iiimis	. (write in observe	eu values	
DIGITAL READOUT (ALL ELEMENTS OF	PERATIONAL)						
☑ TEMPERATURE OF ALCO SENSOR (10	°C - 40°C)						
✓ PRINTER WORKING PROPERLY							
✓ TIME AND DATE DISPLAYING PROPER	LY				Market Millian Special data.		
BREATH ALCOHOL ACCURACY STANDAR	DS						
☑ SIMULATOR SOLUTION	ESSED ETHANOL-(GAS MIXT	TURE				
✓ STANDARD SUPPLIER Guth Laborato	ries, INC ı	_OT#_22080	EXP. DAT	E 03/07/0)202		
✓ SIMULATOR TEMPERATURE (34°C ± 0.	2°C) 34.0 SI	IM. SN MF			P DATE 02/01/2	023	
Run three tests using a standard solution. less. Check the box corresponding to the s 0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B 0.040% STANDARD - MUST READ B TEST 1098 TEST 1098 TO RFI DETECTOR OPERATING INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED T	standard solution being BETWEEN 0.095% an BETWEEN 0.076% an BETWEEN 0.038% an TEST 2 .100	d solution being used. (PRINTOUT EN 0.095% and 0.105% INCLUSIVEN 0.076% and 0.084% INCLUSIVEN 0.038% and 0.042% INCLUSIVEN 0.100 HE FOLLOWING RANGES SINCE		ATTACHED) /E /E /E /E TEST 3 • .100			
REFUSALS 0 (004) 0	(.0509)	(.1014)	0 (.1519)	0	(OVER .19)	0	
List any new parts and describe any alteration established limits (use other side if necessary) INSPECTING OFFICER SIGNATURE	n or modification that	1 '	Store the instrument	t to operat			
VUJuna De Sourd TYPE II PERMIT NUMBER/EXPIRATION DATE				Virginia DeBoard TELEPHONE NUMBER			
210030 2/23/2023			(816) 345-91	(816) 345-9176			
Return completed report to the: Breath Alc by mail, fa	ohol Program, MO De x, or email.	partment of Heal	Ith and Senior Servi	ices, Soutl	heast District Offi	ice	

TEST RECORD 00530

Temp Date Time 210L

Air Blank:
01/29/23 02:42.000
Calibration Check:
27 01/29/23 02:42.098

Subject Name

Subject Name

Subject I.D.

Operator Name. I.D.

Vyyma Dibrail 378
Location

40) N Bynum Rd

Leve Jack Mo

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00531

Temp Date Time 2101,

Air Blank: 01/29/23 02:43 .008
Calibration Check: 27 31/29/23 02:43 .100

Subject Name

Vujuno Dibond 378
Vujuno Dibond 378
Veriation Name: I.D.

401 N Synum Rd
Location
Location

AS IV Serial no: 111739
Version no: 532B

TEST RECORD 00533

Temp Date Time 210L

VOID: RFI
12 01/29/23 02:46

Subject Name

Subject I.D.

Operator Name, I.D.

Vyjnic De boxid 3:18

Locadion

4 01 N Bynum Rd

home fach MO



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



Richard W. Moore Acting Director

Michael L. Farson Governor

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 .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:

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.

1ABL 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)

1 APL . DG. 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 elcohol instrument for the determination of the alcoholic content in breath form of expired ai in Missouri.

DEBOARD, VIRGINIA

Permit No 210030

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

