MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED
By Carol Day at 12:26 pm, Apr 07, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
087963	096.3580.943	4/4/14
LOCATION OF INSTRUMENT (STREET AND CITY)		**TIME OF INSPECTION**
2101 Jeffco Blvd Arnold		0335

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- ☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- ☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 24° | 25° | 25°
- ☒ PRINTER WORKING PROPERLY
- ☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- ☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE
- ☒ STANDARD SUPPLIER Guth Labs LOT # 13280 EXP. DATE 10/16/15
- ☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0° SIMULATOR SN SD1909 SIMULATOR EXP DATE 2/16/15
- ☒ CALIBRATION CHECK – **(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**
  Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
  - ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
  - ☐ ~~0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE~~
  - ☐ ~~0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE~~

TEST 1 ☛	TEST 2 ☛	TEST 3 ☛
.095	.096	.095

- ☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	1

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Software chip update to version 532b

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸ PO Jason O'Barr	PO Jason O'Barr
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
230305 12/11/15	(636) 296-2222

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

State of Missouri)
)
COUNTY OF JEFFERSON)

SS.

AFFIDAVIT

Before me, the undersigned authority, personally appeared, **Patn. Jason O'Barr**, who being by me duly sworn, deposed as follows.

My name is **Patn. Jason O'Barr #128**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of the **BREATHALYZER MAINTENANCE RECORDS FOR THE ARNOLD POLICE DEPARTMENT**. Attached hereto are 5 pages of records from the **ARNOLD POLICE DEPARTMENT**. These 5 pages of records are kept by the **ARNOLD POLICE DEPARTMENT** in the course of business, and it was the regular course of business of the **ARNOLD POLICE DEPARMENT** for an employee or representative of the **ARNOLD POLICE DEPARTMENT**, with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record to transmit information therof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are the original or exact duplicates of the original.

Pat Jason O'Barr 128
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 4th day of April, 2014.

Ruth H. Robinson
(Signed)

(Seal)

RUTH H. ROBINSON
Notary Public - Notary Seal
State of Missouri
Commissioned for Jefferson County
My Commission Expires: June 17, 2017
Commission Number: 13450067

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

JASON W O'BARR

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, DATAMASTER

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 12/11/2013

NUMBER 230305

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

DIRECTOR 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 air in Missouri.

Operator O'BARR, JASON
Permit No 230305
Date Issued 12/11/2013 **Date Expires** 12/11/2015

GUTH LABORATORIES, INC.
590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2013,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** 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 **FN122211-02** 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.

AS IV Serial no: 082963
Version no: 5379

TEST RECORD 00019

Temp Date Time 2101

Air Blank:
04/04/14 03:38 .000
Calibration Check:
25 04/04/14 03:38 .000

Subject Name
Test

Subject I.D.
Test

Operator Name I.D.
PO / dm 128

Location
2101 Jeffco Blvd

AS IV Serial no: 082963
Version no: 5379

TEST RECORD 00018

Temp Date Time 2101

Air Blank:
04/04/14 03:37 .000
Calibration Check:
25 04/04/14 03:37 .000

Subject Name
Test

Subject I.D.
Test

Operator Name I.D.
PO / dm 128

Location
2101 Jeffco Blvd

AS IV Serial no: 082963
Version no: 5379

TEST RECORD 00021

Temp Date Time 2101

BOTH TYP
12 04/04/14 03:41

Subject Name
Test

Subject I.D.
Test

Operator Name I.D.
PO / dm 128

Location
2101 Jeffco Blvd

AS IV Serial no: 082963
Version no: 5379

TEST RECORD 00020

Temp Date Time 2101

Air Blank:
04/04/14 03:40 .000
Calibration Check:
25 04/04/14 03:40 .000

Subject Name
Test

Subject I.D.
Test

Operator Name I.D.
PO / dm 128

Location
2101 Jeffco Blvd