



**RECEIVED**  
By Carol Day at 12:24 pm, Nov 13, 2014

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

REPORT #7

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 <i>087963</i>	PRINTER SN <i>096.3580.943</i>	DATE OF INSPECTION <i>11-12-14</i>
LOCATION OF INSTRUMENT (STREET AND CITY) <i>2101 Jeffco Blvd. Arnold Mo 63010</i>		TIME OF INSPECTION <i>1:14</i>

**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) *23°/24°/24°/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 <i>.100</i>	TEST 2 <i>.100</i>	TEST 3 <i>.100</i>
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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) <i>0</i>	(.05-.09) <i>2</i>	(.10-.14) <i>3</i>	(.15-.19) <i>1</i>	(OVER .19)
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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).

*Calibration!*

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i>	PRINT NAME <i>Math Stevens</i>
TYPE II PERMIT NUMBER/EXPIRATION DATE <i>230310</i>	TELEPHONE NUMBER <i>636.296-7222</i>

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  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**PERMIT  
 TYPE II**

**MATTHEW T STIVERS**

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 230310

EXPIRES 12/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, 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 STIVERS, MATTHEW  
 Permit No 230310  
 Date Issued 12/11/2013    Date Expires 12/11/2015



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### 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.*

State of Missouri )  
 )  
COUNTY OF JEFFERSON ) SS.

**AFFIDAVIT**

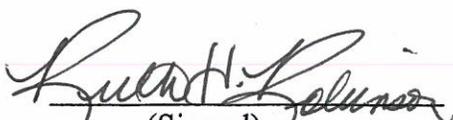
Before me, the undersigned authority, personally appeared, **Patn. Matthew Stivers**, who being by me duly sworn, deposed as follows.

My name is **Patn. Matthew Stivers #124**, 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 \_\_\_ pages of records from the **ARNOLD POLICE DEPARTMENT**. These \_\_\_ 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 DEPARTMENT** 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 thereof 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.

  
\_\_\_\_\_  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 12 day of November, 2014.

  
\_\_\_\_\_  
(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

AS 10 Serial not 607913  
Version not 1070

TEST REPORT 60120 ✓

Temp Date Time 2160

Dr 10400

11/27/74 01144 .000

11/27/74 01144 .000

Subject Name

TEST

Subject ID#

Stivers 124

Operator Name T.J.

APD

Location

AS 10 Serial not 607913  
Version not 1070

TEST REPORT 60121 ✓

Temp Date Time 2161

Dr 10400

11/27/74 01140 .000

11/27/74 01140 .000

Subject Name

TEST

Subject ID#

Stivers 124

Operator Name T.J.

APD

Location

AS 10 Serial not 607913  
Version not 1070

TEST REPORT 60122 ✓

Temp Date Time 2161

Dr 10400

11/27/74 01142 .000

Subject Name

TEST

Subject ID#

Stivers 124

Operator Name T.J.

APD

Location

AS 10 Serial not 607913  
Version not 1070

TEST REPORT 60123 ✓

Temp Date Time 2159

Dr 10400

11/27/74 01145 .000

11/27/74 01145 .000

Subject Name

TEST

Subject ID#

Stivers 124

Operator Name T.J.

APD

Location

AS 10 Serial not 607913  
Version not 1070

TEST REPORT 60126

Temp Date Time 2159

Dr 10400  
11/27/74 01150

Subject Name

TEST

Subject ID#

Operator Name T.J.

Stivers 124

Location

APD