



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED REPORT #1
By Carol Day at 12:57 pm, Dec 31, 2014
and whenever instrument is repaired.

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

ALCO SENSOR IV SN 087963	PRINTER SN 096.3580.943	DATE OF INSPECTION 12-27-14
LOCATION OF INSTRUMENT (STREET AND CITY) 2101 Jeffco Blvd. Arnold MO 63010		TIME OF INSPECTION 01:44

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) **21° / 23° / 24°**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION **Guth Labs** 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 = .098	TEST 2 = .097	TEST 3 = .098
----------------------	----------------------	----------------------

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 (0-.04)	0 (.05-.09)	1 (.10-.14)	3 (.15-.19)	1 (OVER .19)
----------	------------------	--------------------	--------------------	--------------------	---------------------

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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Matt Strivos
TYPE II PERMIT NUMBER/EXPIRATION DATE 230310 12/11/15	TELEPHONE NUMBER (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



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-6470

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
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

**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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

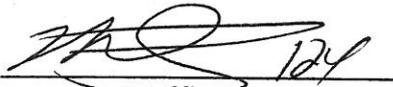
State of Missouri)
)
COUNTY OF JEFFERSON) SS.

AFFIDAVIT

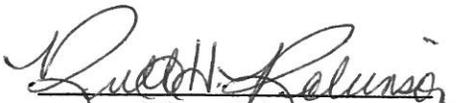
Before me, the undersigned authority, personally appeared, **Patn. Matthew Stivers**, who being by me duly sworn, deposed as follows.

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 29th day of December, 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 no. 00791G
Version no. 1028

TEST NUMBER 00158

Test Date Time 2100
0000 00
17 12/22/04 00148

Subject Name
Test
Subject Title

Operator Name Title
Sivers 124
Location
APD

AS 10 Serial no. 00791G
Version no. 1028

TEST NUMBER 00149

Test Date Time 2100
0000 00
17 12/22/04 00149

Subject Name
Test
Subject Title

Operator Name Title
Sivers 124
Location
APD

AS 10 Serial no. 00791G
Version no. 1028

TEST NUMBER 00148

Test Date Time 2100
0000 00
17 12/22/04 00148

Subject Name
Test
Subject Title

Operator Name Title
124
Location
APD

AS 10 Serial no. 00791G
Version no. 1028

TEST NUMBER 00147

Test Date Time 2100
0000 00
17 12/22/04 00147

Subject Name
Test
Subject Title

Operator Name Title
Sivers 124
Location
APD

APD