MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 2:44 pm, Jan 24, 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
0993960	097.3584.335	01/18/2014

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
540 Civic Blvd Republic	2:30 pm

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)
- ☑ PRINTER WORKING PROPERLY
- ☑ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☑ STANDARD SUPPLIER Guth Laboratories LOT # 13280 EXP. DATE 10/16/2015

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD3326 SIMULATOR EXP DATE 08/07/2014

☑ 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 ☛
.096	.095	.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	0

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
▸ Jennifer L. Stephens	Jennifer L. Stephens
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
230170 08/14/2015	(417) 732-3979

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

(2)

PERMIT

TYPE II

JENNIFER L STEPHENS

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 8/14/2013

NUMBER 230170

EXPIRES 8/14/2015

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 STEPHENS, JENNIFER
Permit No 230170
Date Issued 8/14/2013 **Date Expires** 8/14/2015

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: 099360
Version no: 532B

TEST RECORD 00217

Temp	Date	Time	g/210L
Air Blank:			
	01/18/14	22:21	.000
Calibration Check:			
22	01/18/14	22:21	.095

TEST#2

Subject Name

Subject I.D.

STEPHEN CAN

Operator Name, I.D.

RLP

Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00216

Temp	Date	Time	g/210L
Air Blank:			
	01/18/14	22:19	.000
Calibration Check:			
21	01/18/14	22:19	.096

TEST#1

Subject Name

Subject I.D.

STEPHENS

Operator Name, I.D. 097

RLP

Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00219

Temp	Date	Time	9/ 210L
VOID: RFI			
12	01/18/14	22:25	

RFI TEST

Subject Name

Subject I.D.

STEPHENS 097

Operator Name, I.D.

RPD

Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00218

Temp	Date	Time	9/ 210L
Air Blank:			
	01/18/14	22:22	.000
Calibration Check:			
22	01/18/14	22:22	.095

TEST #3

Subject Name

Subject I.D.

STEPHENS 097

Operator Name, I.D.

RPD

Location

IN THE CIRCUIT COURT OF GREENE COUNTY, MISSOURI
MUNICIPAL DIVISION AT REPUBLIC

AFFIDAVIT

STATE OF MISSOURI)
) SS
COUNTY OF GREENE)

Before me, the undersigned authority, personally appeared __Jennifer Stephens___, who, being by me duly sworn, deposed as follows:

My name is__ Jennifer Stephens___, 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 Republic Police Department Alco-Sensor IV with Printer. Attached hereto is/are 5 page(s) consisting of the following records that are kept by the Republic Police Department in the regular course of business, and it was the regular course of business of the Republic Police Department for an employee or representative of the Republic Police Department with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or 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 are the original or exact duplicates of the originals of the 01/18/2014 Alco-Sensor IV with Printer Report.

Jennifer L. Stephens #097
Custodian of Records

In witness whereof I have hereunto subscribed my name and affixed my official seal this 23rd day of January. 2014.

Jennifer L Dishman
Notary Public

My Commission expires 7-30-17

JENNIFER L. DISHMAN
Notary Public - Notary Seal
State of Missouri
Commissioned for Greene County
My Commission Expires: July 30, 2017
Commission Number: 13422794