



**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 099360	PRINTER SN 097.3584.335	DATE OF INSPECTION 08/04/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 540 Civic Blvd Republic		TIME OF INSPECTION 1:45 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 → .096

TEST 2 → .096

TEST 3 → .096

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)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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).

**INSPECTING OFFICER**

SIGNATURE Jennifer L. Stephens #0917	PRINT NAME Jennifer L. Stephens
TYPE II PERMIT NUMBER/EXPIRATION DATE 230170 08/14/2015	TELEPHONE NUMBER (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



**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  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  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

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**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

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

AS IV Serial no: 099360  
Version no: 502B

TEST RECORD 00258 a/  
Temp Date Time 210L

Air Blank: 08/04/14 14:13 .000  
Calibration Check: 22 08/04/14 14:13 .096  
*TEST TWO*

Subject Name

Subject I.D.

*J. STEPHENS 097*

Operator Name, I.D.

*RPP*

Location

AS IV Serial no: 099360  
Version no: 502B

TEST RECORD 00257 a/  
Temp Date Time 210L

Air Blank: 08/04/14 14:11 .000  
Subject Test: Man 21 08/04/14 14:11 .095  
*TEST ONE*

Subject Name

Subject I.D.

*STEPHENS C99*

Operator Name, I.D.

*RPP*

Location

AS IV Serial no: 099360  
Version no: 532B

TEST RECORD 00260 <sup>s/</sup>

Temp Date Time 210L

VOID: RFI  
12 08/04/14 14:16

Subject Name  
*RFI TEST*

Subject I.D.

*J. STEPHENS 097*

Operator Name, I.D.

*RPD*

Location

AS IV Serial no: 099360  
Version no: 532B

TEST RECORD 00259 <sup>s/</sup>

Temp Date Time 210L

Air Blank:  
08/04/14 14:14 .000

Calibration Check:  
23 08/04/14 14:14 .095  
*TEST 3*

Subject Name

Subject I.D.

*J. 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 08/04/2014 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 4<sup>th</sup> day of August, 2014.

Jennifer L. Dishman  
Notary Public  
My Commission expires 7-30-2017

