



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 9:23 am, Dec 19, 2014 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 12/07/2014 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 540 Civic blvd Republic | TIME OF INSPECTION 2:00 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

| | |
|--|---|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories</u> LOT # <u>14200</u> EXP. DATE <u>08/05/2016</u> | |
| <input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u> SIMULATOR SN <u>SD3326</u> SIMULATOR EXP DATE <u>08/20/2015</u> | |

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 .101 | TEST 2 .101 | TEST 3 .101 |
|--------------|--------------|--------------|

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) | 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 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230170 08/14/2015 | TELEPHONE NUMBER (417) 732-3900 |

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 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 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

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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: 532B

TEST RECORD 00283 s/
Temp Date Time 210L

Air Blank:
12/07/14 14:30 .000
Calibration Check:
22 12/07/14 14:30 .101

TEST # 3
Subject Name

Subject I.D.

J. STEPHENS 097

Operator Name, I.D.

RPD

Location

AS IV Serial no: 099360
Version no: 532R

TEST RECORD 00284 s/
Temp Date Time 210L

VOID: RFI
12 12/07/14 14:32

RFI TEST
Subject Name

Subject I.D.

J. STEPHENS 097

Operator Name, I.D.

RPD

Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00281

Temp Date Time 210L

Air Blank: 12/07/14 14:26 .000
Calibration Check: 21 12/07/14 14:26 .101

TEST # 1
Subject Name

Subject I.D.

J. STEPHENS 0917

Operator Name, I.D.

RPD

Location

AS IV Serial no: 099360
Version no: 532B

TEST RECORD 00282

Temp Date Time 210L

Air Blank: 12/07/14 14:28 .000
Calibration Check: 22 12/07/14 14:28 .101

TEST # 2
Subject Name

Subject I.D.

J. STEPHENS 0917

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 12/07/2014 Alco-Sensor IV with Printer Report.

Jennifer Stephens #099

Custodian of Records

In witness whereof I have hereunto subscribed my name and affixed my official seal this 19th day of December, 2014.

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

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