



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

RECEIVED
 By Carol Day at 11:05 am, Jan 13, 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 102464	PRINTER SN 08C.3527.166	DATE OF INSPECTION 01-02-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Paul Parks Dr. St. Clair		TIME OF INSPECTION 13:31

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 # 13100 EXP. DATE 04-23-2015
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD2740 SIMULATOR EXP DATE 12/11/2014

- 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 - <u>.098</u>	TEST 2 - <u>.099</u>	TEST 3 - <u>.099</u>
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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	<u>0</u>	(0-.04)	<u>2</u>	(.05-.09)	<u>3</u>	(.10-.14)	<u>0</u>	(.15-.19)	<u>2</u>	(OVER .19)	<u>1</u>
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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).

*Instrument within specifications of Missouri Department of Health
 Temperature of Alco-Sensor III was 22 Degrees Celsius.*

INSPECTING OFFICER	
SIGNATURE <i>CPL Butch Mikeworth</i>	PRINT NAME CPL Butch Mikeworth
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>230134 07/03/2015</u>	TELEPHONE NUMBER (636) 629-1313

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 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 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: 102464
Version no: 004C

TEST RECORD 00645

Temp Date Time 210L

Air Blank:
01/02/14 13:33 .000
Calibration Check:
24 01/02/14 13:33 .099

Subject Name
Doe, John

Subject I.D.
500-50-5000

Operator Name, I.D. *
CPL Butch Mikeworth 759

Location #1 PAUL PARKS DR
ST. CLAIR MO 63077

Booking Room

AS IV Serial no: 102464
Version no: 004C

TEST RECORD 00646

Temp Date Time 210L

Air Blank:
01/02/14 13:35 .000
Calibration Check:
25 01/02/14 13:35 .099

Subject Name
Doe John

Subject I.D.
500-50-5000

Operator Name, I.D. *
CPL Butch Mikeworth 759

Location #1 PAUL PARKS DR
ST. CLAIR MO 63077

Booking Room

AS IV Serial no: 102464
Version no: 004C

TEST RECORD 00644

Temp Date Time 210L

Air Blank:
01/02/14 13:31 .000
Calibration Check:
22 01/02/14 13:31 .098

Subject Name
DOE, JOHN

Subject I.D.
500-50-5000

Operator Name, I.D. *
PL Butch Mikeworth 759

Location #1 PAUL PARKS DR
ST. CLAIR MO 63077

Booking Room

AS IV Serial no: 102464
Version no: 004C

TEST RECORD 00647

Temp Date Time 210L

Void: RFI
12 01/02/14 13:37

Subject Name
Doe, John

Subject I.D.
500-50-5000

Operator Name, I.D. *
CPL Butch Mikeworth 759

Location #1 PAUL PARKS DR
ST. CLAIR MO 63077

Booking Room

STATE OF MISSOURI)
) SS
COUNTY OF FRANKLIN)

AFFIDAVIT

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

My name is Butch Mikeworth, I am of sound mind, capable of
making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of maintenance records of the ALCO SENSOR IV SN:102464
Attached hereto are 5 pages of records from the St. Clair Police Dept. for the month
of JANUARY, 2014. These 5 pages of records are kept by the
St. Clair Police Dept. in the regular course of business, and it was the regular course of
business of the St. Clair Police Department for an employee or representative of the
St. Clair 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 hereto are the original or exact duplicate of the original.

Cpl Butch Mikeworth

In witness whereof I have hereunto subscribed my name and affixed my official seal this
2nd day of JANUARY, 2014.

DORIS J. SPENCER
Notary Public - Notary Seal
State of Missouri - Franklin County
My Commission Expires Feb. 9, 2015
Commission #11476050

Doris J. Spencer
Notary Public



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

**PERMIT
 TYPE II**

BUTCH MIKEWORTH

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

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 7/3/2013

NUMBER 230134

EXPIRES 7/3/2015

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 MIKEWORTH, BUTCH
 Permit No 230134
 Date Issued 7/3/2013 Date Expires 7/3/2015