



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

**RECEIVED**

REPORT #7

**By Carol Day at 8:58 am, Oct 26, 2015**

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 <b>105444</b>	PRINTER SN <b>096.3580.865</b>	DATE OF INSPECTION <b>10/20/2015</b>
------------------------------------	-----------------------------------	---

LOCATION OF INSTRUMENT (STREET AND CITY) <b>Clever Police Department 304 S. Clarke, Clever, Missouri 65631</b>	TIME OF INSPECTION <b>8:14 pm</b>
---	--------------------------------------

**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 LOT # 15050 EXP. DATE 03/09/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2259 SIMULATOR EXP DATE 01/26/2016

- 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 <b>.097</b>	TEST 2 <b>.097</b>	TEST 3 <b>.096</b>
--------------------	--------------------	--------------------

- 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	<b>1</b>	(0-.04)	<b>0</b>	(.05-.09)	<b>0</b>	(.10-.14)	<b>0</b>	(.15-.19)	<b>0</b>	(OVER .19)	<b>0</b>
----------	----------	---------	----------	-----------	----------	-----------	----------	-----------	----------	------------	----------

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 <b>Chief R. Bruce</b>
TYPE OF PERMIT NUMBER/EXPIRATION DATE <b>Permit Number 250082 Expired 05/11/2017</b>	TELEPHONE NUMBER <b>(417) 743-2544</b>

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

AS IV Serial no: 105444  
Version no: 5370

TEST RECORD 00322

Temp Date Time 210L

Air Blank:  
10/26/15 20:14 .000  
Calibration Check:  
23 10/26/15 20:14 .000

Subject Name

Blank

Subject I.D.

Operator Name, I.D.

Chief R. Bruce 1801

Location

Cleveland P.D.

AS IV Serial no: 105444  
Version no: 5370

TEST RECORD 00323

Temp Date Time 210L

Air Blank:  
10/26/15 20:16 .000  
Calibration Check:  
23 10/26/15 20:16 .097

Subject Name

Test #1

Subject I.D.

Operator Name, I.D.

Chief R. Bruce 1801

Location

Cleveland P.D.

AS IV Serial no: 105444  
Version no: 5370

TEST RECORD 00324

Temp Date Time 210L

Air Blank:  
10/26/15 20:17 .000  
Calibration Check:  
24 10/26/15 20:17 .097

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Chief R. Bruce

Location

Cleveland P.D.

AS IV Serial no: 105444  
Version no: 5370

TEST RECORD 00325

Temp Date Time 210L

Air Blank:  
10/26/15 20:19 .000  
Calibration Check:  
24 10/26/15 20:19 .096

Subject Name

Chief R. Bruce

Subject I.D.

Test #3

Operator Name, I.D.

Location

Cleveland P.D.

AS IV Serial no: 105444  
Version no: 5370

TEST RECORD 00326

Temp Date Time 210L

VOID: RFI  
12 10/26/15 20:20

Subject Name

RFI

Subject I.D.

Chief R. Bruce

Operator Name, I.D.

Location

Cleveland P.D.



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



**PERMIT**  
**TYPE II**

**RANDALL E BRUCE**

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 **5/11/2015**

NUMBER **250082**

EXPIRES **5/11/2017**

MO-250082-1-15-15

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 REC 112



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 BRUCE, RANDALL  
 Permit No 250082  
 Date Issued 5/11/2015 Date Expires 5/11/2017



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **15050** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 11, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1218%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 9, 2017** 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 FN08051301 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.*



## Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:  
19 CSR 25-30.051 (4).

Checked: 01/26/2015 Expires: 01/26/2016  
Digital Therm. SN: 093752 Temp: 34.01  
MSC Tech: RW  
Agency: Clever Police Dept.  
SD2259



Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 01/26/2015

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834

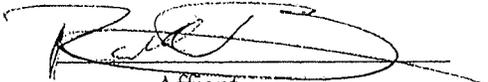
State of Missouri     )  
  )  
County of Christian    )

AFFIDAVIT

Before me, the undersigned authority, personally appeared Randall E. Bruce, who, being by me duly sworn, deposed as follows:

My name is Randall E. Bruce, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records for the Clever Police Department Alco-Sensor IV, located at the Clever Police Department. Attached hereto are 5 pages from my Alco-Sensor IV records. The 4 pages of records are kept by me, in the regular course of business, and it was the regular course of business of the Clever Police Department for an employee or representative of the Clever 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 duplicates of the original.

  
Affiant

State of Missouri  
County of Christian

Subscribed and sworn to before me this 12 day of May in the year 2015

**KRISTY KEITHLEY**  
Notary Public - Notary Seal  
**STATE OF MISSOURI**  
Christian County  
My Commission Expires July 1, 2016  
Commission #12591594

  
Notary Public