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By Ellen Strawsine at 11:24 am, Sep 23, 2015



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
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 107993	PRINTER SN 099.3586.836	DATE OF INSPECTION 09/10/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 9623 SAINT CHARLES ROCK ROAD, BRECKENRIDGE HILLS POLICE DEPARTMENT		TIME OF INSPECTION 3:05 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) 25.0 C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER GUTH LABORATORIES, INC. LOT # 15050 EXP. DATE 03/19/2017
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2309 SIMULATOR EXP DATE 07/13/2016

- 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 <u>.098</u>	TEST 2 <u>.098</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	(.0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 <i>Michael Presson</i>	PRINT NAME MICHAEL PRESSON
TYPE II PERMIT NUMBER/EXPIRATION DATE 250168/07-23-2017	TELEPHONE NUMBER (314) 426-1214

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

**CERTIFIED ALCOHOL REFERENCE
SOLUTION FOR SIMULATOR**

<u>15050</u>	<u>3/9/15</u>	<u>3/9/17</u>
LOT NO.	MFG. DATE	EXP. DATE

<u>275 Gal.</u>	<u>500 ML</u>	<u> </u>
LOT VOL.	BOT. VOL.	BOT. NO.

When this reference solution is used with a breath simulator certified by Guth Laboratories, a properly operating instrument will read 0.10

For additional information contact:

Guth Laboratories, Inc.

590 North 67th Street, Harrisburg, PA 17111

Toll Free 800-233-2338

Rev. 4/02



AS IV Serial no: 107993
Version no: 532B

TEST RECORD 00199

Temp Date Time ^{9/} 210L

Air Blank:
09/10/15 15:05 .000
Calibration Check:
25 09/10/15 15:05 .098

Subject Name

Subject I.D.

Sit Michael Purnum 032
Operator Name, I.D.

Location

9623 St. Charles Rock Rd

AS IV Serial no: 107993
Version no: 532B

TEST RECORD 00200

Temp Date Time ^{9/} 210L

Air Blank:
09/10/15 15:06 .000
Calibration Check:
26 09/10/15 15:06 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Sit Michael Purnum 032

Location

9623 St. Charles Rock Road

AS IV Serial no: 107993
Version no: 532B

TEST RECORD 00201

Temp Date Time ^{9/} 210L

Air Blank:
09/10/15 15:08 .000
Calibration Check:
26 09/10/15 15:08 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Sit Michael Purnum 032

Location

9623 St. Charles Rock Road

AS IV Serial no: 107993
Version no: 532B

TEST RECORD 00202

Temp Date Time ^{9/} 210L

WDIR: RFI
12 09/10/15 15:10

Subject Name

Subject I.D.

Operator Name, I.D.

Sit Michael Purnum 032

Location

9623 St. Charles Rock Road



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



**PERMIT
TYPE II**

MICHAEL B PRESSON

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 7/23/2015

NUMBER 250168

EXPIRES 7/23/2017

MSD 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4;(05-10)

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 of breath form of expired air in Missouri.

Operator PRESSON, MICHAEL
Permit No 250168
Date Issued 7/23/2015 Date Expires 7/23/2017