



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 087971 | PRINTER SN 08C . 3556 . 195 | DATE OF INSPECTION 03/25/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Carrollton Police Dept, 206 W Washington St, Carrollton, MO 64633 | | TIME OF INSPECTION 11:00 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

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Guth Laboratories, INC LOT # 15120 EXP. DATE 04/29/2017
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2771 SIMULATOR EXP DATE 07/15/2016

- 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 → 0.102 | TEST 2 → 0.102 | TEST 3 → 0.102 |
|----------------|----------------|----------------|

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

Operating within in MoDHSS Standards.

| | |
|---|--|
| INSPECTING OFFICER | |
| SIGNATURE | PRINT NAME Sgt. Christopher S. Looney, #502 |
| TYPE II PERMIT NUMBER EXPIRATION DATE 250174 / Exp: 07/28/2017 | TELEPHONE NUMBER (660) 542-3128 |

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: 087971
Version no: 532B

TEST RECORD 00087

Temp Date Time 210L

Air Blank:
03/25/16 23:00 .000
Subject Test: Auto
23 03/25/16 23:00 .000

Subject Name

Blank TEST

Subject I.D.

Operator Name, I.D.

Looney

Location

CPD

AS IV Serial no: 087971
Version no: 532B

TEST RECORD 00088

Temp Date Time 210L

Air Blank:
03/25/16 23:02 .000
Calibration Check:
23 03/25/16 23:02 .102

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Looney

Location

CPD

AS IV Serial no: 087971
Version no: 532B

TEST RECORD 00089

Temp Date Time 210L

Air Blank:
03/25/16 23:04 .000
Calibration Check:
24 03/25/16 23:04 .102

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Looney

Location

CPD

TEST RECORD 00091

Temp Date Time 210L

AS IV Serial no: 087971
Version no: 532B

TEST RECORD 00092

Temp Date Time 210L

VOID: RFI
12 03/25/16 23:10

Subject Name

RFI

Subject I.D.

Operator Name, I.D.

Looney

Location

CPD

AS IV Serial no: 087971
Version no: 532B

TEST RECORD 00090

Temp Date Time 210L

Air Blank:
03/25/16 23:06 .000
Calibration Check:
25 03/25/16 23:06 .102

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Looney

Location

CPD



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 **15120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **May 4, 2015**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1209%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 29, 2017** 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 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.



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

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PERMIT
TYPE II

CHRISTOPHER S LOONEY

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 7/28/2015

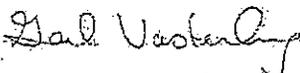
NUMBER 250174

EXPIRES 7/28/2017

MO 590-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (16-10)

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 **LOONEY, CHRISTOPHER**
Permit No **250174**
Date Issued **7/28/2015** Date Expires **7/28/2017**



Missouri Department of Health and Senior Services
 P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2956 VOICE 1-800-735-2466
 Gail Vasterling
 Director



Jeremiah W. (Jay) Nixon
 Governor

Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Agency: Carrollton Police Department
 Serial Number: SD2771
 Manufacturer: Guth
 Model Number: 10-4D

CALIBRATION RESULTS

| <u>Reference Temperature</u> | <u>Simulator Temperature</u> |
|------------------------------|------------------------------|
| 33.96 | 34.0 |

This calibration was performed with NIST-Traceable Thermometer SN: 093752

This simulator was tested by: RWW

This testing was performed: 07/15/2015

Signature of certifying DHSS Scientist:

Name of certifying DHSS Scientist: Brian M. Lutmer