



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

REPORT #:

RECEIVED
 By Carol Day at 9:01 am, Apr 01, 2016

Complete this report in duplicate at the time of the regular monthly preventive check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in office.

ALCO SENSOR IV SN: <u>097433</u>	PRINTER SN <u>08C.3527.188</u>	DATE OF INSPECTION <u>3/27/16</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>2101 Jeffco Blvd Arnold</u>		TIME OF INSPECTION <u>0130</u>

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 Labs LOT # 14220 EXP. DATE 9/24/16

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD1909 SIMULATOR EXP DATE 11/5/16

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 1100

TEST 2 1099

TEST 3 1099

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) 1 (.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).

Calibrated
Changed Battery
Changed Time

INSPECTING OFFICER

SIGNATURE <u>PO J O'Barr</u>	PRINT NAME <u>PO J O'Barr</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>2502/66 11/11/17</u>	TELEPHONE NUMBER <u>(636) 296-3204</u>

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 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, 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 September 24, 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 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.

AS IV Serial no: 897433
Version no: 532B

TEST RECORD 00024

Temp Date Time ^{s/} 210L

Air Blank:
03/27/16 01:49 .000
Calibration Check:
26 03/27/16 01:49 .099

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m 128

Location

210 Jaffro Blw

AS IV Serial no: 897433
Version no: 532B

TEST RECORD 00017

Temp Date Time ^{s/} 210L

Air Blank:
03/27/16 01:34 .000
Calibration Check:
19 03/27/16 01:34 .094

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO SOH 128

Location

AS IV Serial no: 897433
Version no: 532B

TEST RECORD 00023

Temp Date Time ^{s/} 210L

Air Blank:
03/27/16 01:47 .000
Calibration Check:
25 03/27/16 01:47 .099

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m 128

Location

210 Jaffro Blw

"
"
"

AS IV Serial no: 897433
Version no: 532B

TEST RECORD 00021

Temp Date Time ^{s/} 210L

Air Blank:
03/27/16 01:48 .000
Calibration:
23 03/27/16 01:48 .100

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m 128

Location

210 Jaffro Blw

"
"

AS IV Serial no: 897433
Version no: 532B

TEST RECORD 00022

Temp Date Time ^{s/} 210L

Air Blank:
03/27/16 01:43 .000
Calibration Check:
24 03/27/16 01:43 .100

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m 128

Location

210 Jaffro Blw

AS IV Serial no: 897433
Version no: 532B

TEST RECORD 00025

Temp Date Time ^{s/} 210L

VOID: NFI
12 03/27/16 01:49

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

PO/m 128

Location

210 Jaffro Blw



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

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**PERMIT
TYPE II**

JASON W O'BARR

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, INTOX EC/IR II

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 11/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250266

EXPIRES 11/11/2017

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 O'BARR, JASON
Permit No 250266
Date Issued 11/11/2015 Date Expires 11/11/2017



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 1-800-735-2966 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: ARNOLD PD
 Serial Number: SD1909
 Manufacturer: Guth
 Model Number: 10-4D

CALIBRATION RESULTS

<u>Reference Temperature</u>	<u>Simulator Temperature</u>
34.03	34.0

This calibration was performed with NIST-Traceable Thermometer SN: 358440

This simulator was tested by: ERS

This testing was performed: 11/05/2015

This certification expires: 11/05/2016

Signature of certifying DHSS Scientist: 

Name of certifying DHSS Scientist: Ellen Strawsine

State of Missouri)
)
COUNTY OF JEFFERSON) SS.

AFFIDAVIT

Before me, the undersigned authority, personally appeared, **Patn. Jason O'Barr**, who being by me duly sworn, deposed as follows.

My name is **Patn. Jason O'Barr #128**, 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 **BREATHALYZER MAINTENANCE RECORDS FOR THE ARNOLD POLICE DEPARTMENT**. Attached hereto are 6 pages of records from the **ARNOLD POLICE DEPARTMENT**. These 6 pages of records are kept by the **ARNOLD POLICE DEPARTMENT** in the course of business, and it was the regular course of business of the **ARNOLD POLICE DEPARTMENT** for an employee or representative of the **ARNOLD POLICE DEPARTMENT**, with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record 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.

PO / #128
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 29th day of March, 2016.

Ruth H. Robinson
(Signed)

(Seal)

RUTH H. ROBINSON
Notary Public - Notary Seal
State of Missouri
Commissioned for Jefferson County
My Commission Expires: June 17, 2017
Commission Number: 13450067