



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAIN

**RECEIVED**

REPORT #

Complete this report in duplicate at the time of the regular month  
Send copy to Department of Health and Senior Services; retain one

By Carol Day at 8:05 am, Jul 25, 2016

is repaired.

ALCO SENSOR IV SN <u>097433</u>	PRINTER SN <u>096,3580,943</u>	DATE OF INSPECTION <u>7/15/16</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>2101 Jeffco Blvd</u>		TIME OF INSPECTION <u>1928</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) 23°/23°/25°
- 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 <u>1102</u>	TEST 2 <u>1103</u>	TEST 3 <u>1102</u>
--------------------	--------------------	--------------------

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

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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <u>[Signature]</u>	PRINT NAME <u>PO JORR</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>250266 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.**

690 NORTH 87th 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.*

20

AS IV Serial no: 097433  
Version no: 532B

TEST RECORD 00036

Temp Date Time 210L

Air Blank:  
07/15/16 19:30 .000  
Calibration Check:  
23 07/15/16 19:30 .103

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/m128

Location

2101 Jeffco Blvd

AS IV Serial no: 097433  
Version no: 532B

TEST RECORD 00035

Temp Date Time 210L

Air Blank:  
07/15/16 19:28 .000  
Calibration Check:  
23 07/15/16 19:28 .102

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/oh128

Location

2101 Jeffco Blvd

20

AS IV Serial no: 097433  
Version no: 532B

TEST RECORD 00039

Temp Date Time 210L

VOID: RFI  
12 07/15/16 19:34

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/m128

Location

2101 Jeffco Blvd

20

AS IV Serial no: 097433  
Version no: 532B

TEST RECORD 00038

Temp Date Time 210L

Air Blank:  
07/15/16 19:33 .000  
Calibration Check:  
25 07/15/16 19:33 .102

Subject Name

TEST

Subject I.D.

TEST

Operator Name, I.D.

PO/ehay

Location

2101 Jeffco Blvd



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

2

**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

NUMBER 250266

EXPIRES 11/11/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

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 5 pages of records from the **ARNOLD POLICE DEPARTMENT**. These 5 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.

JO #128  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 21st day of July, 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