



RECEIVED

By Carol Day at 8:55 am, Jan 29, 2016

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 100291 | PRINTER SN 093.33563.019 | DATE OF INSPECTION 01/28/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY) Willow Springs Police Department, 700 W. Main St. Willow Springs MO 65793 | | TIME OF INSPECTION 2:48 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 LABORATORY LOT # 14220 EXP. DATE 09/24/2016
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2239 SIMULATOR EXP DATE 04/20/2016

- 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>.096</u> | TEST 2 <u>.096</u> | TEST 3 <u>.096</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>0</u> | (.10-.14) | <u>0</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).

INSPECTING OFFICER

| | |
|---|------------------------------------|
| SIGNATURE <i>Wes Ellison</i> | PRINT NAME Wes Ellison |
| TYPE II PERMIT NUMBER/EXPIRATION DATE #250084 05/11/2017 | TELEPHONE NUMBER (417) 469-3158 |

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: 100291
Version no: 532B

TEST RECORD 00167

Temp Date Time ^{s/} 210L

Air Blank:
01/28/16 14:48 .000
Subject Test: Auto
22 01/28/16 14:48 .000

Subject Name

Non - ALCOHOL

Subject I.D.

W. ELLISON

Operator Name, I.D.

250084

Location

WILLOW SPRINGS PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00168

Temp Date Time ^{s/} 210L

Air Blank:
01/28/16 14:50 .000
Calibration Check:
23 01/28/16 14:50 .096

Subject Name

TEST #1

Subject I.D.

W. ELLISON

Operator Name, I.D.

250084

Location

WILLOW SPRINGS PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00169

Temp Date Time ^{s/} 210L

Air Blank:
01/28/16 14:53 .000
Calibration Check:
24 01/28/16 14:53 .090

Subject Name

TEST #2

Subject I.D.

W. ELLISON

Operator Name, I.D.

250084

Location

WILLOW SPRINGS PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00170

Temp Date Time ^{s/} 210L

Air Blank:
01/28/16 14:55 .000
Calibration Check:
24 01/28/16 14:55 .096

Subject Name

TEST #3

Subject I.D.

W. ELLISON

Operator Name, I.D.

250084

Location

WILLOW SPRINGS PD

AS IV Serial no: 100291
Version no: 532B

TEST RECORD 00171

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/28/16 14:57

Subject Name

RFI

Subject I.D.

W. ELLISON

Operator Name, I.D.

250084

Location

WILLOW SPRINGS PD



GUTH LABORATORIES, INC.

530 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.



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

2

PERMIT
 TYPE II

WES ELLISON

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 DMT

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 250084

EXPIRES 5/11/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 325-01 (1-16-12)

14E-3 (PS 11)

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 ELLISON, WES
 Permit No 250064
 Date Issued 5/11/2015 Date Expires 5/11/2017