



RECEIVED

By Brian Lutmer at 2:40 pm, Jan 29, 2016

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 105444	PRINTER SN 096.3580.865	DATE OF INSPECTION 01/22/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Clever Police Department 304 S. Clarke, Clever, Missouri 65631		TIME OF INSPECTION 10:40 am

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 LOT # 15050 EXP. DATE 03/09/2017
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD2259 SIMULATOR EXP DATE 01/26/2016

- 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 → .098	TEST 2 → .098	TEST 3 → .098
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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>[Signature]</i> 18891	PRINT NAME Chief R. Bruce
TYPE II PERMIT NUMBER/EXPIRATION DATE PermintNumber 250082 Expired 05/11/2017	TELEPHONE NUMBER (417) 743-2544

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: 185444
Version no: 537B

AS IV Serial no: 185444
Version no: 537B

AS IV Serial no: 185444
Version no: 537B

TEST RECORD 66354

TEST RECORD 66355

TEST RECORD 66356

Temp Date Time 218L

Temp Date Time 218L

Temp Date Time 218L

Air Blank:
01/22/16 18:47 .888
Calibration Check:
23 01/22/16 18:47 .898

Air Blank:
01/22/16 18:49 .888
Calibration Check:
23 01/22/16 18:49 .898

Air Blank:
01/22/16 18:50 .888
Calibration Check:
24 01/22/16 18:50 .898

Subject Name:

Test 1

Subject I.D.

Chief R. Bruce 1801
Operator Name: I.D.

Subject Name:

Test 2

Subject I.D.

Chief R. Bruce
Operator Name: I.D.

Subject Name:

Test 3

Subject I.D.

Chief R. Bruce
Operator Name: I.D.

Location:

Cleaver P.D.

Location:

Cleaver P.D.

Location:

Cleaver P.D.

304 So. Clarke

304 So. Clarke

304 So. Clarke

AS IV Serial no: 185444
Version no: 537B

AS IV Serial no: 185444
Version no: 537B

TEST RECORD 66357

TEST RECORD 66358

Temp Date Time 218L

Temp Date Time 218L

VOITH 891
12 01/22/16 18:50

Air Blank:
01/22/16 18:50 .888
Subject Test: Auto
24 01/22/16 18:50 .888

Subject Name:

RFI

Subject I.D.

Chief R. Bruce
Operator Name: I.D.

Subject Name:

Blank

Subject I.D.

Chief R. Bruce
Operator Name: I.D.

Location:

Cleaver P.D.

Location:

Cleaver P.D.

304 So. Clarke

304 So. Clarke



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

2

PERMIT
 TYPE II

RANDALL E BRUCE

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 5/11/2015

NUMBER 250082

EXPIRES 5/11/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 2009-01-0010

LAB 000 100



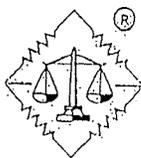
STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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 BRUCE, RANDALL
 Permit No 250082
 Date Issued 5/11/2015 Date Expires 5/11/2017



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 15050 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 11, 2015, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is March 9, 2017 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.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19 CSR 25-30.051 (4).

Checked: 01/26/2015 Expires: 01/26/2016
Digital Therm. SN: 093752 Temp: 34.01
MSC Tech: RW
Agency: Clever Police Dept.
SD2259



Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 01/26/2015

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834

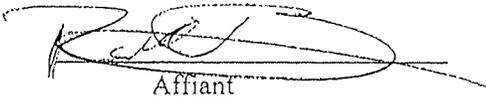
State of Missouri)
)
County of Christian)

AFFIDAVIT

Before me, the undersigned authority, personally appeared Randall E. Bruce, who, being by me duly sworn, deposed as follows:

My name is Randall E. Bruce, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

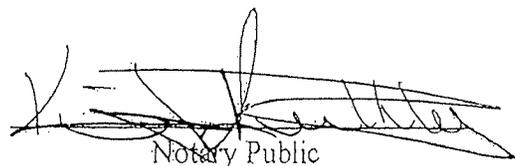
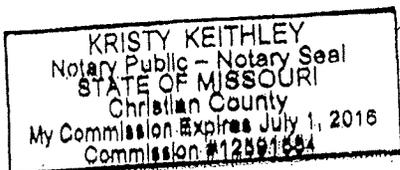
I am the custodian of records for the Clever Police Department Alco-Sensor IV, located at the Clever Police Department. Attached hereto are 5 pages from my Alco-Sensor IV records. The 4 pages of records are kept by me, in the regular course of business, and it was the regular course of business of the Clever Police Department for an employee or representative of the Clever Police Department, with knowledge of the act, event, condition opinion, or diagnosis recorded to make the record or 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.



Affiant

State of Missouri
County of Christian

Subscribed and sworn to before me this 12 day of May in the year 2015



Notary Public