



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

**RECEIVED**  
 By Carol Day at 3:55 pm, Apr 06, 2016

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 04/06/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Clever Police Department 304 S. Clarke, Clever, Missouri 65631		TIME OF INSPECTION 9:45 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 02/16/2017

- 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  .097	TEST 2  .097	TEST 3  .97
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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)	1	(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).

Time corrected for Day Light Savings, One Manual Test Completed

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Chief R. Bruce
TYPE II PERMIT NUMBER/EXPIRATION DATE Permit Number 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

NS 1U Serial no: 185444  
 Version no: 532H

TEST RECORD 06391

Temp Date Time 21BL  
 23 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000

Subject Name  
 test 1

Operator Name: J.M.  
 Chief R. Bruce  
 Clever PD

304 So Clark Clever,mo

NS 1U Serial no: 185444  
 Version no: 532H

TEST RECORD 06392

Temp Date Time 21BL  
 24 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000

Subject Name  
 test 2

Operator Name: J.M.  
 Chief R. Bruce  
 Clever P.D.

304 So Clark Clever,mo

NS 1U Serial no: 185444  
 Version no: 532H

TEST RECORD 06393

Temp Date Time 21BL  
 24 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000

Subject Name  
 test #3

Operator Name: J.M.  
 Chief R. Bruce  
 Clever PD

304 So Clark Clever,mo

NS 1U Serial no: 185444  
 Version no: 532B

TEST RECORD 06388

Temp Date Time 21BL  
 22 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000

Subject Name  
 Blank 1

Operator Name: J.M.  
 Chief R. Bruce  
 Clever P.D.

304 So Clark Clever,mo

NS 1U Serial no: 185444  
 Version no: 532H

TEST RECORD 06389

Temp Date Time 21BL  
 12 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000

Subject Name  
 RFI

Operator Name: J.M.  
 Chief R. Bruce  
 Clever PD

304 So Clark Clever,mo

NS 1U Serial no: 185444  
 Version no: 532H

TEST RECORD 06390

Temp Date Time 21BL  
 23 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000  
 04/06/16 09:16 .000

Subject Name  
 Man. Test

Operator Name: J.M.  
 Chief R. Bruce  
 Clever PD

304 So Clark Clever,mo



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



**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 2009-01-010

LAB 4-952-10

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 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 SN: 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.*

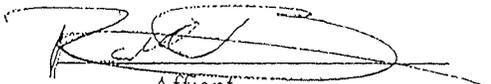
State of Missouri )  
 )  
County of Christian )

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:

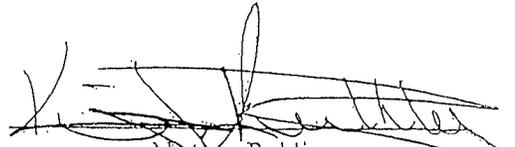
I am the custodian of records for the Clever Police Department Alco-Sensor IV, located at the Clever Police Department. Attached hereto are 5 pages from my Alco-Sensor IV records. The 4 pages of records are kept by me, in the regular course of business, and it was the regular course of business of the 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 20 15

KRISTY KEITHLEY  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Christian County  
My Commission Expires July 1, 2016  
Commission #12391694

  
Notary Public



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  
 Peter Lyskowski  
 Director



Jeremiah W. (Jay) Nixon  
 Governor

# SIMULATOR CERTIFICATION REPORT

## SIMULATOR INFORMATION

Simulator Serial Number: SD2259      Manufacturer: Guth  
 Model Number: 10-4D  
 Agency: CLEVER PD  
 Agency Address: 304 S CLARKE ST, CLEVER, MO 65631

## NIST THERMOMETER INFORMATION

Serial Number: 093752      Bias: 0.00  
 Uncertainty: 0.02  
 Date of Certification: 9/8/2015      Date of Expiration: 9/8/2016

## ENVIRONMENTAL CONDITIONS

The environmental conditions during testing are within the tolerances of DHSS BAP method 3.

## VERIFICATION RESULTS

<u>Simulator Average</u>	<u>NIST Average</u>	<u>Combined Uncertainty</u>
34.00	33.99	0.03

The combined uncertainty is calculated with a k=2 value.

## ADJUSTMENT RESULTS

No adjustment was needed.

Date of testing: 2/16/2016  
 Certification Expiration: 2/16/2017  
 Simulator testing technician: D. LUCAS

Notes on Condition: none

Deviation(s) from method: none

DHSS BAP Scientist Approving: ELLEN STRAWSINE  
 Certification No: SD2259\_2162016

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DHSS BAP Scientist Approving