



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

RECEIVED

REPORT #

Complete this report in duplicate at the time of the regular monthly preventative maintenance. Send copy to Department of Health and Senior Services; retain original in department file.

By Carol Day at 1:03 pm, Jun 16, 2016

ALCO SENSOR IV SN 105444	PRINTER SN 096.3580.865	DATE OF INSPECTION 06/16/2016
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) Clever Police Department 304 S. Clarke, Clever, Missouri 65631	TIME OF INSPECTION 10:00 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 # 16080 EXP. DATE 03/07/2018
- 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 .096	TEST 3 .097
--------------	--------------	--------------

- 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
----------	---	----------	---	-----------	---	-----------	---	-----------	---	------------	---

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 	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: 5320

TEST RECORD 86487

Temp Date Time 218L

Air Blank:
86/16/16 18:18 .888
Subject Test: Auto
24 86/16/16 18:18 .888

Subject Name:

Blank

Subject I.D.

Operator Name: I.D.

Chf R. Bruce 1801

Location:

Clayer P.D.

304 So. Clarke

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86488

Temp Date Time 218L

VOID: RT
12 86/16/16 18:11

Subject Name:

RFI

Subject I.D.

Operator Name: I.D.

Chf R. Bruce

Location:

Clayer P.D.

304 So. Clarke

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86489

Temp Date Time 218L

Air Blank:
86/16/16 18:13 .888
Calibration Check:
26 86/16/16 18:13 .897

Subject Name:

Test #1

Subject I.D.

Operator Name: I.D.

Chf R. Bruce

Location:

Clayer P.D.

304 So. Clarke

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86418

Temp Date Time 218L

Air Blank:
86/16/16 18:16 .888
Calibration Check:
26 86/16/16 18:16 .896

Subject Name:

Test #2

Subject I.D.

Operator Name: I.D.

Chf R. Bruce

Location:

Clayer P.D.

304 So. Clarke

AS IV Serial no: 185444
Version no: 5320

TEST RECORD 86411

Temp Date Time 218L

Air Blank:
86/16/16 18:16 .888
Calibration Check:
26 86/16/16 18:16 .897

Subject Name:

Test #3

Subject I.D.

Operator Name: I.D.

Chf R. Bruce 1801

Location:

Clayer P.D.

304 So. Clarke Ave



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 2009-01-010

1-11-15-11

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 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: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **16080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2016**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1210%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 2018** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 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.

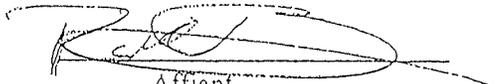
State of Missouri)
)
County of Christian)

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 2015

KRISTY KEITHLEY
Notary Public - Notary Seal
STATE OF MISSOURI
Christian County
My Commission Expires July 1, 2016
Commission #12891654


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

X

DHSS BAP Scientist Approving