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By Carol Day at 3:27 pm, Jul 18, 2016

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

# 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 | PRINTER SN | DATE OF INSPECTION |
|---|---|---|
| 105444 | 096.3580.865 | 07/15/2016 |

| LOCATION OF INSTRUMENT (STREET AND CITY) | TIME OF INSPECTION |
|---|---|
| Clever Police Department 304 S. Clarke Ave. Clever, Missouri 65631 | 2:20 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 LOT # 16080 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 ☛ .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-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|---|---|---|---|---|---|
| 0 | 0 | 2 | 0 | 0 | 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 |
|---|---|
| ▸ | Randall E. Bruce |
| **TYPE II PERMIT NUMBER/EXPIRATION DATE** | **TELEPHONE NUMBER** |
| Permint Number 250082 Expired 05/11/2017 | (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


AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00419

| Temp | Date | Time | g/210L |
|---|---|---|---|
| Air Blank: | | | |
| | 07/15/16 | 14:22 | .000 |
| Subject Test: Auto | | | |
| 24 | 07/15/16 | 14:22 | .000 |

Subject Name
Blank
Subject I.D.

Operator Name, I.D.
Chf R.Bruce
Location
Clever P.D.

304 S. Clarke

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00420

| Temp | Date | Time | g/210L |
|---|---|---|---|
| VOID: RFI | | | |
| 12 | 07/15/16 | 14:23 | |

Subject Name
RF1
Subject I.D.

Operator Name, I.D.
Chf R.Bruce
Location
Clever P.D.

304 So. Clarke

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00421

| Temp | Date | Time | g/210L |
|---|---|---|---|
| Air Blank: | | | |
| | 07/15/16 | 14:22 | .000 |
| Calibration Check: | | | |
| 25 | 07/15/16 | 14:22 | .097 |

Subject Name
Test 1
Subject I.D.

Operator Name, I.D.
Chf R.Bruce
Location
Clever P.D.

304 S.Clarke

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00422

| Temp | Date | Time | g/210L |
|---|---|---|---|
| Air Blank: | | | |
| | 07/15/16 | 14:30 | .000 |
| Calibration Check: | | | |
| 25 | 07/15/16 | 14:30 | .097 |

Subject Name
Test #2
Subject I.D.

Operator Name, I.D.
Chf R.Bruce
Location
Clever P.D.

304 S. Clarke

AS IV Serial no: 105444
Version no: 532B

TEST RECORD 00423

| Temp | Date | Time | g/210L |
|---|---|---|---|
| Air Blank: | | | |
| | 07/15/16 | 14:33 | .000 |
| Calibration Check: | | | |
| 26 | 07/15/16 | 14:33 | .097 |

Subject Name
Test #3
Subject I.D.

Operator Name, I.D.
Chf R.Bruce
Location
Clever P.D.

304 So. Clarke

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

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°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 2015

KRISTY KEITHLEY
Notary Public – Notary Seal
STATE OF MISSOURI
Christian County
My Commission Expires July 1, 2016
Commission #12551684

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

| Simulator Average | NIST Average | Combined Uncertainty |
|---|---|---|
| 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