



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 7:24 am, Jan 23, 2023

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 097460	NAME OF AGENCY Battlefield Police Department	DATE OF INSPECTION 01/20/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 5434 Tower Dr. Battlefield, MO		TIME OF INSPECTION 4:50 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
--	---

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Laboratories, Inc.</u> LOT # <u>22310</u> EXP. DATE <u>08/11/2024</u>
---

<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34</u> SIM. SN <u>SD 2251</u> SIM. NIST EXP DATE <u>10/12/2023</u>
--

<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .100	TEST 2  .100	TEST 3  .101
--------------	--------------	--------------

<input checked="" type="checkbox"/> 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 Tyler Moss
TYPE II PERMIT NUMBER/EXPIRATION DATE Number: 220182 Expires: 07/13/2024	TELEPHONE NUMBER (417) 890-9876

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 01239

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/20/23 16:52 .000  
Subject Test: Man  
20 01/20/23 16:52 .100

Subject Name

Tyler Moss

Subject I.D.

220182 7/13/24

Operator Name, I.D.

1/20/2023

Location

Battlefield PD

Test 1

AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 01240

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/20/23 16:53 .000  
Subject Test: Man  
21 01/20/23 16:53 .100

Subject Name

Tyler Moss

Subject I.D.

220182 7/13/24

Operator Name, I.D.

1/20/2023

Location

Battlefield PD

Test 2

AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 01241

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/20/23 16:56 .000  
Subject Test: Man  
22 01/20/23 16:56 .101

Subject Name

Tyler Moss

Subject I.D.

220182 7/13/24

Operator Name, I.D.

1/20/2023

Location

Battlefield PD

Test 3

AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 01242

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 01/20/23 16:57

Subject Name

Tyler Moss

Subject I.D.

220182 7/13/24

Operator Name, I.D.

1/20/2023

Location

Battlefield PD

RFI Test



## 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 **22310** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 16, 2022**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 11, 2024** 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 **FN03052002** 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.*

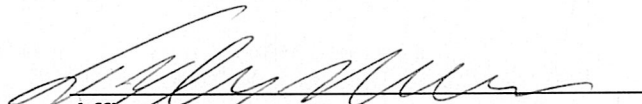
THE STATE OF MISSOURI     )  
COUNTY OF GREENE         )

**AFFIDAVIT**

Before me, the undersigned authority, personally appeared **Tyler A. Moss**, who, being by me duly sworn, deposed as follows:

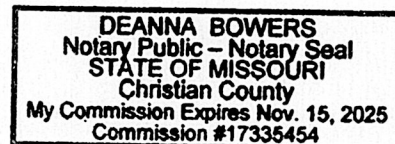
My name is **Tyler A. Moss**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records for Type II maintenance reports for the **Battlefield Police Department**. Attached hereto is/are 4 pages of records that are kept by me in the regular course of business, and it was in the regular course of business of maintaining the ASIV w/ Printer instrument as an employee of the **Battlefield Police Department** with knowledge of the act, event, condition, opinion, or diagnosis recorded 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 of diagnosis. The records attached hereto are the original or exact duplicate of the originals of the 01/20/2023 Alco-Sensor IV with printer report.

  
Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 20<sup>th</sup> day of January, 2023

  
Notary Public





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



**PERMIT**  
**TYPE II**  
**TYLER MOSS**

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 7/13/2022

NUMBER 220182

EXPIRES 7/13/2024

*Mike Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave F. Nielsen*

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 MOSS, TYLER  
 Permit No 220182  
 Date Issued 7/13/2022 Date Expires 7/13/2024

