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By Brianna Medrano at 9:05 am, Apr 28, 2023



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 097460	NAME OF AGENCY Battlefield Police Department	DATE OF INSPECTION 04/26/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 5434 Tower Dr. Battlefield, MO		TIME OF INSPECTION 1:30 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 Laboratories, Inc. LOT # 22310 EXP. DATE 08/11/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIM. SN SD 2251 SIM. NIST EXP DATE 10/12/2023

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 ← .101

TEST 2 ← .102

TEST 3 ← .102

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)	1	(.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

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 01276

Temp Date Time ^{s/} 210L

Air Blank:
04/26/23 13:35 .000
Subject Test: Auto
21 04/26/23 13:35 .101

Subject Name

Tyler Moss

Subject I.D.

220182 7-13-24

Operator Name, I.D.

4/26/2023

Location

Test 1

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01277

Temp Date Time ^{s/} 210L

Air Blank:
04/26/23 13:36 .000
Subject Test: Auto
22 04/26/23 13:36 .102

Subject Name

Tyler Moss

Subject I.D.

220182 7-13-24

Operator Name, I.D.

4/26/2023

Location

Test 2

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01278

Temp Date Time ^{s/} 210L

Air Blank:
04/26/23 13:38 .000
Subject Test: Auto
23 04/26/23 13:38 .102

Subject Name

Tyler Moss

Subject I.D.

220182 7-13-24

Operator Name, I.D.

4/26/2023

Location

Test 3

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01279

Temp Date Time ^{s/} 210L

VOID: RFI
12 04/26/23 13:39

Subject Name

Tyler Moss

Subject I.D.

220182 7-13-24

Operator Name, I.D.

4/26/2023

Location

RFI Test

Battlefield PD



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.



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





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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

RECEIVED

By Tracy Crews at 7:34 am, Jul 11, 2022

APPROVED

By Brianna Medrano at 11:26 am, Jul 11, 2022

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE 200201, 07/08/2022
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PRINT FULL NAME Tyler Allen Moss	TITLE Officer	AGE 31
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A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP Battlefield PD	TELEPHONE (417) 890-9876
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 5434 S Tower Dr Battlefield, MO 65619

EMAIL ADDRESS tmoss@battlefieldmo.gov
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LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
 (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
07/10/2022	Battlefield PD	4	Alco Sensor IV With Printer	<input checked="" type="checkbox"/>	Tyler Moss
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Alco Sensor IV With Printer	12 <input type="checkbox"/> OK BLM	13 <input type="checkbox"/> OK BLM
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 07/10/2022
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
 1903 Northwood Drive, Suite #4
 Poplar Bluff, MO 63901

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:

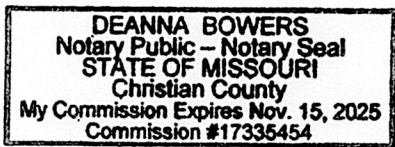
My name is **Tyler A. Moss**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

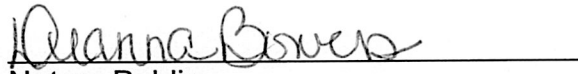
I am the custodian of records for Type II maintenance reports for the **Battlefield Police Department**. Attached hereto is/are 4 pages of records that are kept by me in the regular course of business, and it was in the regular course of business of maintaining the ASIV w/ Printer instrument as an employee 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 04/26/2023 Alco-Sensor IV with printer report.



Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 26th day of April, 2023.





Notary Public

