



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

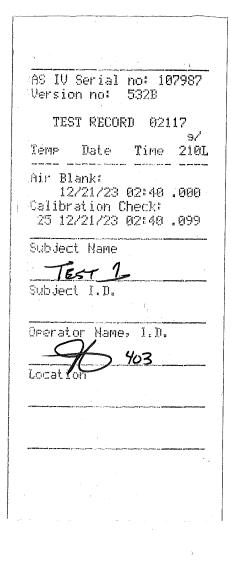
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in duplicate at the time Send copy to Department of Health and Ser | | | | ever instrument is repaired. |
|---|--|--|------------------------------------|------------------------------|
| ALCO SENSOR IV SN Nixa 107987 | NAME OF AGENCY Nixa Police Dep | artment | DATE O 12/21 | F INSPECTION /2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 715 W Center Circle, Nixa, MO 65714 | • | | ТІМЕ ОР 2:40 а | FINSPECTION am |
| CHECKLIST: Place a mark in the box by eac where determined.) Unmarked items must b | | | within established limits | s. (Write in observed values |
| DIGITAL READOUT (ALL ELEMENTS (| • | | | |
| TEMPERATURE OF ALCO SENSOR (* | 0°C - 40°C) | | | |
| | | | | |
| I TIME AND DATE DISPLAYING PROPE | RLY | | | |
| BREATH ALCOHOL ACCURACY STANDA | RDS | | | |
| SIMULATOR SOLUTION | | | D ETHANOL-GAS MIX | TURE |
| STANDARD SUPPLIER Guth Laborat | ories, IncL | _OT # <u>23390</u> | EXP. DATE <u>10/17/</u> | /2025 |
| SIMULATOR TEMPERATURE (34°C ± 1 | 0.2°C) <u>34.0</u> SI | M. SN MP 553 | 37 SIM. NIST EX | XP DATE <u>07/19/2024</u> |
| less. Check the box corresponding to the ↓ 0.100% STANDARD - MUST READ ↓ 0.080% STANDARD - MUST READ ↓ 0.040% STANDARD - MUST READ |) BETWEEN 0.095% an) BETWEEN 0.076% an | d 0.105% INCLUSIV d 0.084% INCLUSIV | E E | |
| TEST 1 🖛 ,099 | TEST 2 🖛 .099 | | TEST 3 🖝 .099 | |
| RFI DETECTOR OPERATING | | | | |
| INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED | | IG RANGES SINCE | THE LAST MAINTENA | NCE REPORT: |
| REFUSALS 0 (004) 0 | (.0509) 0 | (.1014) 0 | (.1519) 0 | (OVER .19) 0 |
| List any new parts and describe any alterati established limits (use other side if necessar | | was made to restore | the instrument to opera | te satisfactorily and within |
| INSPECTING SFICER | | | | |
| SIGNATURE 403 | | | PRINT NAME Sgt. J Barton | |
| TYPE II PERMIT NOMBER/EXPIRATION DATE 230030 02/17/2025 | | | telephone number (417) 725-2510 | |
| Return completed report to the: Breath A by mail, | lcohol Program, MO De fax, or email. | partment of Health ar | nd Senior Services, Sou | theast District Office |

Nixa Police Department

Calibration Check slip's



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Nixa Police Department

RFI Evidence slip

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Nixa Police Department

Blank (Zero) test Evidence slip

| AS IV Serial no: 107987 Version no: 532B |
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| TEST RECORD 02120 |
| Ieme Date Time 210L |
| Air Blank: 12/21/23 02:46 .000 Subject Test: Auto 27 12/21/23 02:46 .000 |
| Subject Name |
| BLANK Subject I.D. |
| Operator Name, I.D. |
| Locat ion 403 |
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CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1207% (w/vol) ethyl alcohol. The expiration date for this lot number is October 17, 2025 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 FN03072301 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 JOSHUA C. BARTON

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.

Mike Massin-

DATE _____2/17/2023_____

NUMBER 230030

EXPIRES 2/17/2025

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daves I. Nickelso

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

