



REPORT #7

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A 10-1-12 5 4				
Complete this report in duplicate at the time of Send copy to Department of Health and Senior				henever instrument is repaired.
ALCO SENSOR IV SN 111781	NAME OF AGENCY Warsaw Police De	partment		TE OF INSPECTION 7/19/2023
OCATION OF INSTRUMENT (STREET AND CITY)  181 W. Harrison St, Warsaw, Mo			TIME OF INSPECTION 9:32 pm	
CHECKLIST: Place a mark in the box by each ite	em if found to be satisfa	ctory or if operating	within established	limits. (Write in observed values
where determined.) Unmarked items must be co				
☑ DIGITAL READOUT (ALL ELEMENTS OPE	ERATIONAL)			
☑ TEMPERATURE OF ALCO SENSOR (10°C	C - 40°C)			
PRINTER WORKING PROPERLY				
☑ TIME AND DATE DISPLAYING PROPERLY	Y			0
BREATH ALCOHOL ACCURACY STANDARD	S			
☑ SIMULATOR SOLUTION		☐ COMPRESSE	ETHANOL-GAS	MIXTURE
✓ STANDARD SUPPLIER Guth Laboratories LOT # 22310 EXP. DATE 08/11/2024				8/11/2024
SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.01 SIM. SN MP6529 SIM. NIST EXP DATE 06/15/2024				
less. Check the box corresponding to the star of the s	ETWEEN 0.095% and ETWEEN 0.076% and	0.105% INCLUSIVE 0.084% INCLUSIVE		
TEST 1    .096	EST 2 ☎ .096		TEST 3 🖛 .095	
☑ RFI DETECTOR OPERATING				
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		RANGES SINCE 1	HE LAST MAINT	ENANCE REPORT:
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 0
List any new parts and describe any alteration established limits (use other side if necessary).	or modification that wa	as made to restore	the instrument to	operate satisfactorily and within
Instrument operating within established DO	OH limits			
mountained operating within obtablished by				
,			• //	
INSPECTING OFFICER			PRINT NAME	
SIGNATURE			Tony Helms	·
TYPE II PERMIT NUMBER/EXPIRATION DATE 220130 05/11/2024			TELEPHONE NUMBER (660) 438-5522	
Return completed report to the: Breath Alco	ohol Program, MO Depa	artment of Health ar	d Senior Services	, Southeast District Office

by mail, fax, or email.

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00138

Temp Date Time 210L

Air Blank: 07/19/23 21:32 .000
Calibration Check: 23 07/19/23 21:32 .096

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TEST RECORD 00139

TEST RECORD 00139

Temp Date Time 2 10L

Air Biank:
07/19/23 21:33 .000

Calibration Check:
23 07/19/23 21:33 .096

Subject Name
Test # Z

Subject I.D.
Test # Z

Operator Name. I.D.

1. Helms 270/30

Location

Marrison

Wassaw Mo

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00143

Temp Date Time 210L

Air Blank: 07/19/23 21:39 .000
Calibration Check: 25 07/19/23 21:39 .095

Subject Name 7est # 3
Subject I.D. 7est # 3
Operator Name 1.D. 7. Helms 220/30
Location / 18/1 W Harrison

Warsaw MO

AS TV Serial no: 111781
Version no: 532B

TEST RECORD 00144

Temp Date Time 210L

VOID: RFI
12 07/19/23 21:41

Subject Name
RFF Test

Subject I.D.
RFF Test

Operator Name. 1.D.
1. Helms 720/30

Location

LSI W Harrison

Wassaw Mo



#### 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°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 tot 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.



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## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT

#### TYPE II

# ANTHONY HELMS

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nd operate the following offer A T	CO-SENSORIY Y	VITH PRINTER	
	cholic:content of blood from a sample of the and 306.111 through 396.119 RSM	of expired air. Permit issued under for.  Live Q. Nag	-3/==
DATE _5/11/2022		DIRECTOR OF STATE PUBLIC HEALT	HLABORATORY
UMBER 220130		Daven I. Maloely	<i>y</i>
EXPIRES 5/11/2024		DIRECTOR OF DEFARMANT OF HEALTH A	no senior gerylices Laba (Pis 10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

### INSTRUMENT OPERATOR CARD

The named cardiolder is authorized to operate an evidential breath about Instrument for the determination of the aboutons content in breath form of expired air in Massouri.

Operator HELMS, ANTHONY Permit No 220130

Date Issued 5/11/2022 Date Expires 5/11/2024

