

## RECEIVED By Tracy Crews at 9:14 am, Jan 16, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| -10001  |  |   |                                       |   |                                      |                               |           |                     |            |
|---|--|---|---------------------------------------|---|--------------------------------------|-------------------------------|-----------|---------------------|------------|
| Complete this report in o   | duplicate at the time<br>at of Health and Se   | e of the regular m<br>nior Services; reta   | onthly pain origin                    | preventative in all in departr          | maintena<br>nent file.               | ance check, and               | l whene   | ever instrument is  | repaired.  |
| ALCO SENSOR IV SN<br>111781   | 7 (2.5 (2.5 (2.5 (2.5 (2.5 (2.5 (2.5 (2.5  | NAME OF AGENCY Warsaw Police Department     |                                       |   |                                      | DATE OF INSPECTION 01/11/2024 |           |                     |            |
| LOCATION OF INSTRUMENT 181 W. Harrison Street   |  |   |                                       |   |                                      | TIME OF INSPECTION<br>8:59 pm |           |                     |            |
| CHECKLIST: Place a ma<br>where determined.) Unm   |  |   |                                       |   | perating                             | within establishe             | ed limits | s. (Write in observ | red values |
| ☑ DIGITAL READOUT   | (ALL ELEMENTS  | OPERATIONAL)                                |                                       |   |                                      |                               |           |                     |            |
| ☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)  |  |   |                                       |   |                                      |                               |           |                     |            |
| ☑ PRINTER WORKING PROPERLY  |  |   |                                       |   |                                      |                               |           |                     |            |
| ☑ TIME AND DATE DISPLAYING PROPERLY   |  |   |                                       |   |                                      |                               |           |                     |            |
| BREATH ALCOHOL AC   | CURACY STANDA  | RDS   |                                       |   |                                      |                               |           |                     |            |
| ✓ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE                                     |  |   |                                       |   |                                      |                               |           |                     |            |
| STANDARD SUPPLIER Guth Laboratories LOT # 22310 EXP. DATE 08/11/2024                      |  |   |                                       |   |                                      |                               |           |                     |            |
| ✓ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.02 SIM. SN MP6529 SIM. NIST EXP DATE 06/15/2024 |  |   |                                       |   |                                      | 2024                          |           |                     |            |
| 0.080% STAND  | corresponding to the ARD - MUST READ ARD - MUST READ ARD - MUST READ   | standard solution BETWEEN 0.09 BETWEEN 0.07 | n being<br>5% and<br>6% and<br>8% and | used. (PRIN<br>0.105% INC<br>0.084% INC | TOUT A<br>LUSIVE<br>LUSIVE<br>LUSIVE | ITACHED)                      |           | nave a spread       | of .005 or |
| RFI DETECTOR OPE  | RATING   |   |                                       |   |                                      |                               |           |                     |            |
| INDICATE THE NUMBER<br>(DO NOT INCLUDE SEL  | R OF BREATH TES  |   | OWING                                 | RANGES S                                | SINCE T                              | HE LAST MAIN                  | TENAN     | ICE REPORT:         |            |
| REFUSALS 1  | (004) 0  | (.0509)                                     |                                       | (.1014)                                 | 1                                    | (.10.10)                      | 0         | (OVER .19)          | 0          |
| List any new parts and d<br>established limits (use oth                                   |  |   | that w                                | as made to r                            | estore th                            | ne instrument to              | operat    | e satisfactorily a  | nd within  |
| Instrument operating v  |  | •     |                                       |   |                                      |                               |           |                     |            |
|   |  |   |                                       |   |                                      |                               |           |                     |            |
| INSPECTING OFFICER  | A Property   |   | Marin.                                | 山外市                                     | N. Hill                              |                               |           |                     |            |
| SIGNATURE ACCE  | And the state of t |   |                                       |   | PRINT NAME Tony Helms                |                               |           |                     |            |
| TYPE II PERMIT NUMBER/EXPIRATION 220310 05/11/2024  |  |   |                                       |   | TELEPHONE NUMBER (660) 438-5522      |                               |           |                     |            |
| Return completed repor  |  | cohol Program, Max, or email.               | 10 Depa                               | artment of He                           | ealth and                            | Senior Service                | s, South  | heast District Off  | ice        |

AS IV Serial no: 11178;
Version no: 5328

TEST RECURD 00161

Temp Date Time 21CL

Air Blank:
C1/11/24 20:59 000

Calibration Check:
13 01/11/24 20:59 .039

Subject Name
T. Helms Test #/
Subject I.D.
Lest #/
Cperator Name I.D.
J. Helms 220130

Location
JBI W Hagiison

Wassaw Mo

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00162

Term Date Time 210L

Air Blank:
01/11/24 21:01 .000
Calibration Check:
20 01/11/24 21:01 .099

Subject Name
Subject Name
Test #2

Operator Name, I.D.
To Helms 220130

Location
/BI W Harrison

Weisew Mo

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00164

Temp Date Time 210L

Air Blank: 01/11/24 21:03 000
Calibration Check: 21 01/11/24 21:03 099

Subject Name
Test # 3
Subject I.D.
Test # 3
Operator Name. I.D.
To Helms 220/30
Location
181 W Harrison

Wersew Mo

AS IV Serial no: 111781
Version no: 5328

TEST RECORD 00185

Temp Date Time 2101

VOID: RFI
12 01/11/24 21:04

Subject Name
RFT Test
Subject i.D.
RFF Test
Operator Name. I.D.
To Helms 720/30

Location
131 W Harrison

Wecsew 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 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 ANTHONY HELMS

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           | 5/11/2022 | Laura a Nay  |  |  |  |  |
|----------------|-----------|--|--|--|--|--|
|                |           | DIRECTOR OF STATE PUBLIC HEALTH LABORATORY           |  |  |  |  |
| NUMBER         | 220130    | Daves J. Nichelson                                   |  |  |  |  |
| EXPIRES        | 5/11/2024 | Tower s. I ferrelson                                 |  |  |  |  |
| EM IIIEO EMINE |           | DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES |  |  |  |  |

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 HELMS, ANTHONY Permit No 220130

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

