

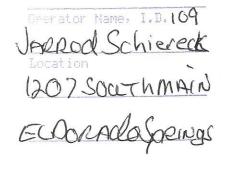
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in duplicate at the time o Send copy to Department of Health and Senio | f the regular monthly preventative mainten r Services; retain original in department file | ance check, and | d whenever instrument is repaired. |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------|
| ALCO SENSOR IV SN 030810 | PRINTER SN 84.9324.143 | | DATE OF INSPECTION 02/21/2020 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1207 South Main Street | | | TIME OF INSPECTION |
| CHECKLIST: Place a mark in the box by each ues where determined.) Unmarked items must | item if found to be satisfactory or if operation | ng within establi | shed limits. (Write in observed val- |
| DIGITAL READOUT (ALL ELEMENTS OP | | | |
| TEMPERATURE OF ALCO SENSOR (10° | C - 40°C) | | |
| PRINTER WORKING PROPERLY | | RECEIN | |
| TIME AND DATE DISPLAYING PROPERL | Y | By crew | st at 10:47 am, Feb 24, 2020 |
| BREATH ALCOHOL ACCURACY STANDARD | S | | |
| SIMULATOR SOLUTION | | D ETHANOL-GA | AS MIXTURE |
| STANDARD SUPPLIER Guth | LOT # 19370 | EXP. DATE | 12/09/2021 |
| SIMULATOR TEMPERATURE (34°C ± 0.2 | °C) 34.00 SIMULATOR SN MP2 | 2946 SIMUL | ATOR EXP DATE 02/20/2021 |
| 0.080% STANDARD - MUST READ B | andard solution being used. (PRINTOUT A ETWEEN 0.095% and 0.105% INCLUSIVE ETWEEN 0.076% and 0.084% INCLUSIVE ETWEEN 0.038% and 0.042% INCLUSIVE | TTACHED) | nd must have a spread of .005 or |
| TEST 1 . 096 TE | IST 2 - 097 | TEST 3 🔹 🖉 | 197 |
| RFI DETECTOR OPERATING | | | |
| INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE | IN THE FOLLOWING RANGES SINCE T STS) | HE LAST MAIN | ITENANCE REPORT: |
| | (.1014) | (.1519) |) (OVER .19) |
| List any new parts and describe any alteration established limits (use other side if necessary). | or modification that was made to restore t | he instrument to | o operate satisfactorily and within |
| N/A | | | |
| | | | |
| | | | |
| INSPECTING OFFICER | | | |
| SIGNATURE | F | RINT NAME | |
| TYPE II PERMIT NUMBER/EXPIRATION DATE | 1 Cano | Jarrod Schiere | eck |
| 280254-08/24/2 | 020 | (417) 876-231 | |
| Return completed report to the: Breath Alcol 2875 James Poplar Bluff, | Boulevard | Senior Service | s, Southeast District Office |
| AO 580-1351 (6-10) | AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis | | LAB-114 |

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BLANK TEST



AS IV Serial no: 030810 Version no: 532B

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| 201 | 02/21/20 | 10:16 | . 096 |

Subject Name Tes7#/

Operator Name, I.D. 109 JARROd Schierad 1207 South MARN ELAO RADO Springs

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TEST#2

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Operator Name, I.D. /09 ARRod Schiereck 207 SouTH MAIN Ellonned Springs

AS IV Serial no: 030810 Version no: 532B TEST RECORD 00249 9/ Temp Date Time 210L Air Blank: 02/21/20 10:20 .000 Calibration Check: 22 02/21/20 10:20 .007 Subject Name TEST #3 Subject I.D. Deerator Name, I.D. 109 Janach Schiereck

1207 SouthMAIN

EZ Oonade Springs

AS IV Serial no: 030810 Version no: 532B

TEST RECORD 00250 9/ Temp Date Time 210L UOID: RFI 12 02/21/20 10:21

Subject Name R.F.I IEST

Subject I.D.

Perator Name, I.D. 169

207 SOUTH MAIN

Elbando Springs



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19370 of Alcohol Reference Solution for Simulator were analyzed by chromatography on December 10, 2019, using a Perkin Elmer Gas gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1199% (w/vol) ethyl alcohol. The expiration date for this lot number is December 9, 2021 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 FN04271602 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

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PERMIT TYPE II

JARROD SCHIERECK

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 8/24/2018

80-0771 (6-10)

MAL

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280254

EXPIRES 8/24/2020

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DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10)

| | 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 SCHIERECK, JARROD Permit No 280254 Date Issued 8/24/2018 Date Expires 8/24/2020 | |
| | | |