



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 062086	PRINTER SN 84.9324.048	DATE OF INSPECTION 01/21/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) # 1 Bruns Lane, Union MO 63084	TIME OF INSPECTION 9:57 am
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**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 LOT # 19160 EXP. DATE 07/09/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN MP3575 SIMULATOR EXP DATE 06/13/2020

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 ➔ .102

TEST 2 ➔ .100

TEST 3 ➔ .097

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)	0	(.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

Lt. M. Richardson #1271

TYPE II PERMIT NUMBER/EXPIRATION DATE

280155 03/22/2020

TELEPHONE NUMBER

(636) 583-2560

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 00854

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/21/20 09:57 .000  
Calibration Check:  
19 01/21/20 09:57 .102

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 00856

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/21/20 10:01 .000  
Calibration Check:  
21 01/21/20 10:01 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 00855

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
01/21/20 09:59 .000  
Calibration Check:  
20 01/21/20 09:59 .100

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 00857

Temp Date Time <sup>s/</sup> 210L

VOID: RFI  
12 01/21/20 10:06

Subject Name

Subject I.D.

Operator Name, I.D.

Location

STATE OF MISSOURI     )  
  )  
COUNTY OF FRANKLIN )     SS


**AFFIDAVIT FOR RECORDS**

*Before me, the undersigned authority personally appeared, Lt. M. Richardson #1271, and upon being duly sworn by me, deposed as follows:*

My name is Lt. M. Richardson #1271. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

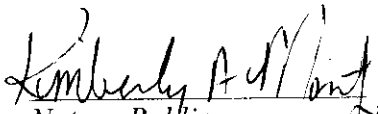
I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 062086. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of January 21, 2020. These 4 pages of records are kept by the Franklin County Sheriff's Office in the regular course of business, and it is with the regular course of business that an employee or representative to make the record or to transmit information thereof to be included in such record. The records attached hereto are the original or exact duplicates of the original. The records attached hereto represent a complete and exact duplication of any and all original records kept by the Franklin County Sheriff's Office in the regular course of business.

Lt. M. Richardson #1271  
Affiant's Name – typed or printed

  
Affiant's Signature

*In witness whereof, I have hereunto subscribed my name and affixed my official seal this*  
21<sup>st</sup> day of January, 2020.

My commission expires: 09/14/2023

  
Notary Public

KIMBERLY A. MORITZ  
NOTARY PUBLIC - NOTARY SEAL  
STATE OF MISSOURI  
COMMISSIONED FOR FRANKLIN COUNTY  
MY COMMISSION EXPIRES SEP. 14, 2023  
ID #15231859



## GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-664-6470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **19160** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 10, 2019**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1202%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 9, 2021** 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 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



**PERMIT  
TYPE II**

**MICHAEL RICHARDSON**

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, INTOX EC/IR II**

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 3/22/2018

NUMBER 280155

EXPIRES 3/22/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 RICHARDSON, MICHAEL  
Permit No 280155  
Date issued 3/22/2018 Date Expires 3/22/2020