



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

RECEIVED
 By Tracy Crews at 7:23 am, Dec 29, 2020

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 097459	NAME OF AGENCY Henry County Sheriff's Office	DATE OF INSPECTION 12/24/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 200 N Main St, Clinton, Missouri 64735	TIME OF INSPECTION 1347
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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

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Guth Labs</u>	LOT # <u>20420</u> EXP. DATE <u>09/22/2022</u>
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0</u>	SIM. SN <u>DR5386</u> SIM. NIST EXP DATE <u>09/22/2021</u>

- 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 ➡ .101	TEST 3 ➡ .101
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- 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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 Leonard Kubilus
TYPE II PERMIT NUMBER/EXPIRATION DATE 200260 / 09/24/2022	TELEPHONE NUMBER (660) 885-7328

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00867

Temp Date Time ^{s/} 210L

Air Blank:
12/24/20 13:48 .000
Calibration Check:
20 12/24/20 13:48 .102
21 12/24/20 13:50 .000
Calibration Check:
21 12/24/20 13:50 .101

Subject Name

Maintenance Check #1
Subject I.D.
N/A

Operator Name, I.D.

Kubilus 200240

Location

Henry County

Sheriff's Office

Temp Date Time ^{s/} 210L

Air Blank:
12/24/20 13:48 .000
Calibration Check:
20 12/24/20 13:48 .102

Subject Name

Maintenance Check #1
Subject I.D.
N/A

Operator Name, I.D.

Kubilus 200240

Location

Henry County

Sheriff's Office

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00868

Temp Date Time ^{s/} 210L

Air Blank:
12/24/20 13:52 .000
Calibration Check:
21 12/24/20 13:52 .101

Subject Name

Maintenance Check #3
Subject I.D.
N/A

Operator Name, I.D.

Kubilus 200240

Location

Henry County

Sheriff's Office

AS IV Serial no: 097459
Version no: 532B

TEST RECORD 00869

Temp Date Time ^{s/} 210L

VOID: RFI
12 12/24/20 13:53

RFI
Subject I.D.
N/A

Operator Name, I.D.

Kubilus 200240

Location

Henry County

Sheriff's Office



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20420** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **September 23, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1208%** (w/vol) ethyl alcohol. The expiration date for this lot number is **September 22, 2022** 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 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
LEONARD KUBILUS II

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 9/24/2020

NUMBER 200260

EXPIRES 9/24/2022

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 KUBILUS II, LEONARD
Permit No 200260
Date Issued 9/24/2020 **Date Expires** 9/24/2022



RECEIVED

By Tracy Crews at 3:59 pm, Sep 23, 2020

APPROVED

By Stephen Wilson at 4:30 pm, Sep 23, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR NEW PERMIT RENEWAL

CURRENT PERMIT NUMBER AND EXPIRATION DATE

PRINT FULL NAME: Leonard Paul Kubilus III TITLE: Investigations Supervisor "Detective" AGE: 28

A disclosure concerning your SSN number is available at: <http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP: Henry County Sheriff's Office TELEPHONE: 660 885 7300

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 200 N Main St, Clinton, MO 64735

EMAIL ADDRESS: lkubilus@hcsomo.com and/or HCSO2215@gmail.com

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
<u>11-15, Apr 16</u>	<u>MSC</u>	<u>40</u>	<u>DMEF TYPE II</u>	<input type="checkbox"/>	<u>Bob Welsh</u>
<u>Sept 22, 20</u>	<u>MSC</u>	<u>8</u>	<u>AD4 Type II</u>	<input checked="" type="checkbox"/>	<u>Bond</u>
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. <u>ALCO-SENSOR IV W/ PRINTER</u>	<u>8 MR'S OK SGW</u>	<u>10 SELF-TESTS OK SGW</u>
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT: [Signature] DATE: 9-22-20

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901