



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 097460	PRINTER SN 096.3580.957	DATE OF INSPECTION 11/10/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 5434 S. Tower Drive Battlefield, MO 65619		TIME OF INSPECTION 1750

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, Inc. LOT # 19160 EXP. DATE 7/9/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIMULATOR SN SD 2251 SIMULATOR EXP DATE 10/02/2021

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 ➡ .100

TEST 2 ➡ .098

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 1 (0-.04) (.05-.09) (.10-.14) (.15-.19) (OVER .19)

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
Tyler Moss

TYPE II PERMIT NUMBER/EXPIRATION DATE
Permit Number: 200201 Expiration Date: 07/08/2022

TELEPHONE NUMBER
(417) 890-9876

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: 097460
Version no: 532B

TEST RECORD 00959

Temp Date Time ^{a/} 210L

Air Blank:
11/10/20 18:05 .000
Subject Test: Man
23 11/10/20 18:05 .100

Subject Name

Test 1

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 11/10/2020

Location

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 00960

Temp Date Time ^{a/} 210L

Air Blank:
11/10/20 18:06 .000
Subject Test: Man
24 11/10/20 18:06 .098

Subject Name

Test 2

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 11/10/2020

Location

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 00961

Temp Date Time ^{a/} 210L

Air Blank:
11/10/20 18:08 .000
Subject Test: Man
24 11/10/20 18:08 .097

Subject Name

Test 3

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 11/10/2020

Location

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 00962

Temp Date Time ^{a/} 210L

VOID: RFI
12 11/10/20 18:09

Subject Name

RFI Test

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 11/10/2020

Location

Battlefield PD



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • 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
TYLER MOSS

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 7/8/2020

NUMBER 200201

EXPIRES 7/8/2022

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 MOSS, TYLER
Permit No 200201
Date Issued 7/8/2020 **Date Expires** 7/8/2022



RECEIVED

By Tracy Crews at 8:11 am, Jul 02, 2020

APPROVED

By Stephen Wilson at 10:03 am, Jul 08, 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
300611 2/5/2022

PRINT FULL NAME: Tyler Allen Moss TITLE: Officer AGE: 29

DEPARTMENT OR TROOP: Battlefield PD TELEPHONE: (417) 890-9876

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE): 5434 Tower Dr, Battlefield, MO 65619

EMAIL ADDRESS: Tmoss@battlefieldmo.gov

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

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
6/22-6/26/2020	MSC	36	Type II Supervisor	<input type="checkbox"/>	Wilson/Bow
6/30/2020	MSC	8	ASV w/printer, Type II Lab	<input checked="" type="checkbox"/>	Bow
				<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. ALCO-SENSOR IV W/ PRINTER	2 MR'S OK SGW	10 SELF-TESTS OK SGW
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

DATE

6/30/2020

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

THE STATE OF MISSOURI)
COUNTY OF GREENE)

AFFIDAVIT

Before me, the undersigned authority, personally appeared **Tyler A. Moss**, who, being by me duly sworn, deposed as follows:

My name is **Tyler A. Moss**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records for Type II maintenance reports for the **Battlefield Police Department**. Attached hereto is/are 4 pages of records that are kept by me in the regular course of business, and it was in the regular course of business of maintaining the ASIV w/ Printer instrument as an employee of the **Battlefield Police Department** with knowledge of the act, event, condition, opinion, or diagnosis recorded or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion of diagnosis. The records attached hereto are the original or exact duplicate of the originals of the 11/10 /2020 Alco-Sensor IV with printer report.



Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 10 day of November, 2020.



Notary Public

