



AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 00969

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

Air Blank:  
12/09/20 12:21 .000  
Subject Test: Man  
24 12/09/20 12:21 .103

Subject Name

Test 1

Subject I.D.

Tyler moss

Operator Name, I.D.

200201 12/9/2020

Location

Battlefield PD

AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 00970

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

Air Blank:  
12/09/20 12:23 .000  
Subject Test: Man  
24 12/09/20 12:23 .104

Subject Name

Test 2

Subject I.D.

Tyler moss

Operator Name, I.D.

200201 12/9/2020

Location

Battlefield PD

AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 00971

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

Air Blank:  
12/09/20 12:24 .000  
Subject Test: Man  
24 12/09/20 12:24 .103

Subject Name

Test 3

Subject I.D.

Tyler moss

Operator Name, I.D.

200201 12/9/2020

Location

Battlefield PD

AS IV Serial no: 097460  
Version no: 532B

TEST RECORD 00972

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

VOID: RFI  
12 12/09/20 12:25

Subject Name

RFI Test

Subject I.D.

Tyler moss

Operator Name, I.D.

200201 12/9/2020

Location

Battlefield PD



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111- 4511 • TELEPHONE: 717-564-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 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 FN02271802 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




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 12/09/2020 Alco-Sensor IV with printer report.

  
\_\_\_\_\_  
Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 9 day of December, 2020

  
\_\_\_\_\_  
Notary Public

