





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

E. (1996 P.C.)						
Complete this report in duplicate at the time of Send copy to Department of Health and Seni				d whenever	instrument is repaired.	
ALCO SENSOR IV SN 102466	PRINTER SN 079.3418.057			DATE OF INS 07/23/20		
LOCATION OF INSTRUMENT (STREET AND CITY) 106 Progress Drive, Sullivan, MO 63080				TIME OF INSI 1655 hou		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed val-						
ues where determined.) Unmarked items must be corrected before using instrument.						
✓ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) ✓ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
<u></u>	7-6 - 40-6)				_	
PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROPER						
BREATH ALCOHOL ACCURACY STANDAR					_	
☑ SIMULATOR SOLUTION			D ETHANOL-G			
STANDARD SUPPLIER Guth Labs	LOT #	70	EXP. DATE	12/09/202	1	
☑ SIMULATOR TEMPERATURE (34°C ± 0	.2°C) 34.0 SIMULATOR S	N SD	3322 SIMU	LATOR EXP	DATE 12/13/2020	
less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.095% and 0.105% II BETWEEN 0.076% and 0.084% II	NCLUSIV	E E			
TEST 1 ☞ .097	TEST 2 .096		TEST 3 .096			
RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TES' (DO NOT INCLUDE SELF-ADMINISTERED'		S SINCE	THE LAST MAI	NTENANCE	REPORT:	
	(.0509) 1 (.1014)	2	(.1519)	0 (0	OVER .19) 1	
List any new parts and describe any alteratic established limits (use other side if necessary Instrument operating within D.O.H. specification	on or modification that was made to).			7.5		
INSPECTING OFFICER		L MARY TO ST		idmate Z		
SIGNATURE/	*///		PRINT NAME Jason R. Sto	ockton		
TYPE INFERMIT NUMBER/EXPINATION DATE 290097 - 04/22/2021			TELEPHONE NUMBE 573 468-800			
Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Boulevard						
Poplar BI	uff, MO 63901				I AD-41/	

AS IV Serial no: 102466 Version no: 532B	AS IV Serial no: 102466 Version no: 532B	AS IV Serial no: 102466 Version no: 532B
TEST RECORD 00936 9/ Temp Date Time 210L Air Blank: 07/23/20 16:58 .000 Calibration Check: 21 07/23/20 16:58 .097	TEST RECORD 00937 s/ Temp Date Time 210L Air Blank: 07/23/20 17:00 .000 Calibration Check: 22 07/23/20 17:00 .096	TEST RECORD 00938 9/ Temp Date Time 2101 fir Blank: 07/23/20 17:02 .000 Calibration Check: 23 07/23/20 17:02 .096 Subject Name
Subject Name	Subject Name	SUBJECt Harte
Subject I.D.	Subject I.D.	Subject I.D.
Operator Name, I.D.	Operator Name, I.D.	Operator Name: I.D.
Location	Location	Location
	Access of the second se	

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00939

S/
Temp Date Time 210L

VOID: RFI
12 07/23/20 17:03

Subject Name

Subject I.D.

Operator Name, I.D.

Location



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 19370 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on December 10, 2019, using a Perkin Elmer 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)	
)	SS
COUNTY OF FRANKLIN)	

AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Officer Jason R. Stockton 111, and upon being duly sworn by me deposed as follows:

My name is Officer Jason R. Stockton 111. 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 the Sullivan Police department, Alco Sensor IV serial# 102466. Attached hereto are 4 pages of records for the Alco Sensor IV serial# 102466. From the Sullivan Police Department for the month of July 23rd, 2020. These pages for the instrument are kept by the Sullivan Police department 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 records. 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.

Officer Jason R. Stockton 111
Affiant's Name – typed or printed

Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this

23 day of July , 2020.

My commission expires: 10-15-2022

Loude Chelsi Buti Notary Public

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STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

JASON R. STOCKTON

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.

3 W 3 W 3 4 0	want
DATE4/22/2019	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290097	el William
EXPIRES 4/22/2021	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
	LAB-4 (R6-1)

MO 580-0771 (6-10)



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

Operator

STOCKTON, JASON

Permit No 290097

Date Expires 4/22/2021 Date Issued 4/22/2019

