



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 107980	PRINTER SN 099.3586.795	DATE OF INSPECTION 01/21/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriff's Office. #1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 9:56 am

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 07/09/2020

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 ← .103	TEST 2 ← .101	TEST 3 ← .099
---------------	---------------	---------------

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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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

ASIV 107980

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00495

Temp Date Time ^{g/} 210L

Air Blank:
01/21/20 09:56 .000
Calibration Check:
19 01/21/20 09:56 .103

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00497

Temp Date Time ^{g/} 210L

Air Blank:
01/21/20 10:00 .000
Calibration Check:
20 01/21/20 10:00 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00496

Temp Date Time ^{g/} 210L

Air Blank:
01/21/20 09:58 .000
Calibration Check:
20 01/21/20 09:58 .101

subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00498

Temp Date Time ^{g/} 210L

VOID: RFI
12 01/21/20 10:05

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:

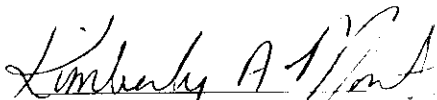
I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 107980. Attached hereto are 4 pages of records for Alco Sensor IV S/N# 107980 from the Franklin County Sheriff's Office for the date of January 21, 2020. These pages for the instrument are kept by the Franklin 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 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.

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
21st day of January, 2020.

My commission expires: 09/14/2023


Notary Public





GUTH LABORATORIES, INC.

600 NORTH 57th 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

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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 in Missouri.

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