



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 111732	PRINTER SN 09B.3589.454	DATE OF INSPECTION 08/26/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Ozark PD. 201 E. Brick Street, Ozark, MO 65721		TIME OF INSPECTION 3:12 pm

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 LOT # 19370 EXP. DATE 12/09/2021
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN DR6932 SIMULATOR EXP DATE 12/04/2020

- 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 ➔ .101	TEST 2 ➔ .102	TEST 3 ➔ .100
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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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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).

None

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Stephen Conner
TYPE II PERMIT NUMBER/EXPIRATION DATE 200194/ 07/08/2022	TELEPHONE NUMBER (417) 581-6600

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: 111702
Version no: 532H

TEST RUTOLI 00563

Temp Date Time 210L

Air Blank:
08/26/20 15:12 .000
Calibration Check:
26 08/26/20 15:12 .101

Subject Name

Maintenance 1
Subject I.I.

Operator Name, I.I.

S. Conner / 200194
Location

Ozark, MO

201 E. Brick St

AS IV Serial no: 111702
Version no: 532H

TEST RUTOLI 00562

Temp Date Time 210L

Air Blank:
08/26/20 15:13 .000
Calibration Check:
26 08/26/20 15:13 .102

Subject Name

Maintenance
Subject I.I.

2

Operator Name, I.I.

S. Conner / 200194
Location

Ozark MO

201 E. Brick St

AS IV Serial no: 111702
Version no: 532H

TEST RUTOLI 00564

Temp Date Time 210L

Air Blank:
08/26/20 15:14 .000
Calibration Check:
26 08/26/20 15:14 .100

Subject Name

Maintenance
Subject I.I.

3

Operator Name, I.I.

S. Conner / 200194
Location

Ozark MO

201 E. Brick St

AS IV Serial no: 111702
Version no: 532H

TEST RUTOLI 00565

Temp Date Time 210L

VOID: RTI
12 08/26/20 15:14

Subject Name

BFI
Subject I.I.

1

Operator Name, I.I.

S. Conner / 200194
Location

Ozark MO

201 E. Brick St



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 **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
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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**PERMIT
TYPE II**

STEPHEN L. CONNER

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 200194

EXPIRES 7/8/2022

MO 580-0771 (6-10)



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY



DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (P6-10)

**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 CONNER, STEPHEN
Permit No 200194
Date Issued 7/8/2020 Date Expires 7/8/2022





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

RECEIVED
By Tracy Crews at 8:10 am, Jul 02, 2020

APPROVED
By Stephen Wilson at 8:56 am, Jul 08, 2020

THIS APPLICATION IS FOR NEW PERMIT RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE 280267 / 09.06-2020

PRINT FULL NAME Stephen Louis Conner TITLE Detective AGE 31

DEPARTMENT OR GROUP Ozark Police Department TELEPHONE (417) 531-6600

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 201 E. Birch Street, Ozark, MO 65721

EMAIL ADDRESS S. Conner @ ozarkpol.org

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
6/30/20	MSC	8	AS-EV w/Printer Lab	<input checked="" type="checkbox"/>	Bond
09/2016	MSC	40	Inter DMT Supervisor	<input type="checkbox"/>	Welsh
09/2016	MSC	14	Inter DMT	<input type="checkbox"/>	Welsh

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>AS-EV w/Printer</u>	<u>10</u> <input type="checkbox"/> OK SGW	<u>5</u> <input type="checkbox"/> 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 [Signature] DATE 6/30/2020

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