



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	NAME OF AGENCY Battlefield Police Department	DATE OF INSPECTION 05/09/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 5434 Tower Dr. Battlefield, MO		TIME OF INSPECTION 11:30 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, Inc. LOT # 20190 EXP. DATE 04/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIM. SN SD 2251 SIM. NIST 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 ← .097 TEST 2 ← .095 TEST 3 ← .098

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

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Tyler Moss
TYPE-IF PERMIT NUMBER/EXPIRATION DATE Number: 200201 Expires: 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 by mail, fax, or email.

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01037

Temp Date Time ^{a/} 210L

Air Blank:
05/09/21 11:38 .000
Subject Test: Man
21 05/09/21 11:38 .097

Subject Name

Test 1

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 5/9/2021

Location

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01038

Temp Date Time ^{a/} 210L

Air Blank:
05/09/21 11:39 .000
Subject Test: Man
22 05/09/21 11:39 .095

Subject Name

Test 2

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 5/9/2021

Location

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01039

Temp Date Time ^{a/} 210L

Air Blank:
05/09/21 11:41 .000
Subject Test: Man
23 05/09/21 11:41 .098

Subject Name

Test 3

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 5/9/2021

Location

Battlefield PD

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01040

Temp Date Time ^{a/} 210L

VOID: RFI
12 05/09/21 11:44

Subject Name

RFI Test

Subject I.D.

Tyler Moss

Operator Name, I.D.

200201 5/9/2021

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



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 <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE <u>300611</u> <u>2/5/2022</u>	
PRINT FULL NAME <u>Tyler Allen Moss</u>		TITLE <u>Officer</u>	AGE <u>29</u>
[REDACTED]		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/	
DEPARTMENT OR TROOP <u>Battlefield PD</u>		TELEPHONE <u>(417) 890-9876</u>	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) <u>5434 Tower Dr, Battlefield, Mo 65619</u>			
EMAIL ADDRESS <u>Tmoss@battlefieldmo.gov</u>			

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.)

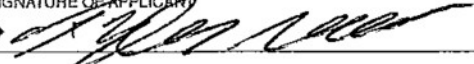
DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
<u>6/22-6/26/2020</u>	<u>MSC</u>	<u>36</u>	<u>Type II Supervisor</u>	<input type="checkbox"/>	<u>Wilson/Bow</u>
<u>6/30/2020</u>	<u>MSC</u>	<u>8</u>	<u>ASU w/printer, Type II Lab</u>	<input checked="" type="checkbox"/>	<u>Bow</u>
				<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
<u>ALCO-SENSOR IV W/ PRINTER</u>	<u>2 MR'S OK SGW</u>	<u>10 SELF-TESTS OK SGW</u>

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

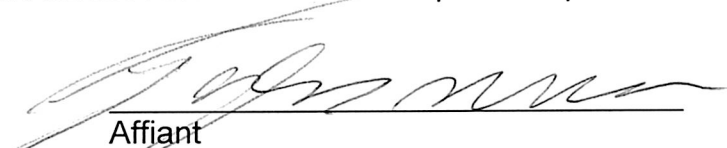
THE STATE OF MISSOURI)
COUNTY OF GREENE)

AFFIDAVIT

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

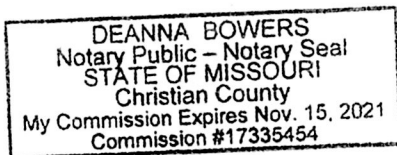
My name is **Tyler A. Moss**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

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 05/09/2021 Alco-Sensor IV with printer report.



Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 6 day of May, 2021.





Notary Public