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By Tracy Crews at 8:51 am, Feb 26, 2021



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 102466	NAME OF AGENCY Sullivan Police Department	DATE OF INSPECTION 01/13/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 106 Progress Drive Sullivan, MO 63080		TIME OF INSPECTION 1316 HRS

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 Labs LOT # 20420 EXP. DATE 09/13/2021

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD3322 SIM. NIST EXP DATE 12/17/2021

 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 .099TEST 2 .098TEST 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)	1	(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).

Instrument operating within D.O.H. specifications.

INSPECTING OFFICER

SIGNATURE

Jason R. Stockton #111

PRINT NAME

Jason R. Stockton

TYPE II PERMIT NUMBER/EXPIRATION DATE

290097 / 04-22-2021

TELEPHONE NUMBER

(573) 468-8001

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: 102466
Version no: 532B

TEST RECORD 00976

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/13/21 13:13 .000
Calibration Check:
22 01/13/21 13:13 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00977

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/13/21 13:15 .000
Calibration Check:
23 01/13/21 13:15 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00978

Temp	Date	Time	s/ 210L
------	------	------	------------

Air Blank:
01/13/21 13:17 .000
Calibration Check:
24 01/13/21 13:17 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00979

Temp	Date	Time	s/ 210L
------	------	------	------------

VOID: RFI
12 01/13/21 13:19

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00976

Temp Date Time ^{s/} 210L

Air Blank:
01/13/21 13:13 .000
Calibration Check:
22 01/13/21 13:13 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00977

Temp Date Time ^{s/} 210L

Air Blank:
01/13/21 13:15 .000
Calibration Check:
23 01/13/21 13:15 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00978

Temp Date Time ^{s/} 210L

Air Blank:
01/13/21 13:17 .000
Calibration Check:
24 01/13/21 13:17 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Location

AS IV Serial no: 102466
Version no: 532B

TEST RECORD 00979

Temp Date Time ^{s/} 210L

VOID: RFI
12 01/13/21 13:19

Subject Name

Subject I.D.

Operator Name, I.D.

Location



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 20420 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 23, 2020, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1208% (w/vol) ethyl alcohol. The expiration date for this lot number is September 22, 2022 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 FN03052002 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

2

**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.

DATE 4/22/2019

NUMBER 290097

EXPIRES 4/22/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

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 **STOCKTON, JASON**
 Permit No **290087**
 Date Issued **4/22/2019** Date Expires **4/22/2021**



STATE OF MISSOURI)
)
COUNTY OF FRANKLIN) SS

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 January 13th, 2021. 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
13th day of January, 2021.

My commission expires: 5/2/21


Notary Public

