

SELF

AS IV Serial no: 111762
Version no: 532B

TEST RECORD 00371

Temp Date Time ^W 216L

Air Blank:
07/18/21 23:47 .000
Subject Test: Auto
22 07/18/21 23:47 .000

Subject Name

MONTHLY MAINT
Subject I.D.

SELF

Operator Name, I.D.

MARK RINKER 200156
Location

STONE CO JAIL

TEST 1

AS IV Serial no: 111762
Version no: 532B

TEST RECORD 00372

Temp Date Time ^W 216L

Air Blank:
07/18/21 23:52 .000
Calibration Check:
22 07/18/21 23:52 .184

Subject Name

TEST 1
Subject I.D.

MONTHLY MAINT.
Operator Name, I.D.

MARK RINKER 200156
Location

STONE CO JAIL

TEST 2

AS IV Serial no: 111762
Version no: 532B

TEST RECORD 00373

Temp Date Time ^W 216L

Air Blank:
07/18/21 23:54 .000
Calibration Check:
23 07/18/21 23:54 .163

Subject Name

MONTHLY MAINT
Subject I.D.

TEST 2

Operator Name, I.D.

MARK RINKER 200156
Location

STONE CO JAIL

TEST 3

AS IV Serial no: 111762
Version no: 532B

TEST RECORD 00374

Temp Date Time ^W 216L

Air Blank:
07/18/21 23:57 .000
Calibration Check:
23 07/18/21 23:57 .163

Subject Name

MONTHLY MAINT
Subject I.D.

~~TEST 3~~ TEST 3

Operator Name, I.D.

MARK RINKER 200156
Location

STONE CO JAIL

RFI

AS IV Serial no: 111762
Version no: 532B

TEST RECORD 00375

Temp Date Time ^W 216L

VOID: RFI
12 07/18/21 23:59

Subject Name

MONTHLY MAINT
Subject I.D.

RFI TEST

Operator Name, I.D.

MARK RINKER 200156
Location

STONE CO JAIL

MONTHLY MAINT
7/10/21
STONE CO SHERIFF'S OFFICE
SGT MARK RINKER
PERMIT # 200156
EXP. DATE 4/10/2022



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 <u>111779</u>	NAME OF AGENCY <u>STATE CO SHERIFF'S OFFICE</u>	DATE OF INSPECTION <u>7/11/2021</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>110 S. Maple Galena MO</u>		TIME OF INSPECTION <u>0006</u>

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 GWT LOT # 20190 EXP. DATE 4/6/2022
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN SD2282 SIM. NIST EXP DATE 12/1/2021

- 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 <u>.097</u>	TEST 2 <u>.099</u>	TEST 3 <u>.098</u>
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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-.04)	(.05-.09)	(.10-.14)	(.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 <u>Sgt Mark Rucker</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>200152 4/10/2022</u>	TELEPHONE NUMBER <u>417-357-6116</u>

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

SELF

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 89448

Temp Date Time ^{u/} 216L

Air Blank:
07/11/21 08:04 .080
Calibration Check:
21 07/11/21 08:04 .080

Subject Name

MONTHLY MAINT
Subject I.D.

SELF TEST

Operator Name: I.D.

MARK RINKER 200152
Location

STONE CO JAIL

TEST 1

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 89441

Temp Date Time ^{u/} 216L

Air Blank:
07/11/21 08:06 .080
Calibration Check:
21 07/11/21 08:06 .087

Subject Name

MONTHLY MAINT
Subject I.D.

TEST 1

Operator Name: I.D.

MARK RINKER 200152
Location

STONE CO JAIL

TEST 2

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 89442

Temp Date Time ^{u/} 216L

Air Blank:
07/11/21 08:09 .080
Calibration Check:
21 07/11/21 08:09 .099

Subject Name

MONTHLY MAINT
Subject I.D.

TEST 2

Operator Name: I.D.

MARK RINKER 200152
Location

STONE CO JAIL

TEST 3

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 89443

Temp Date Time ^{u/} 216L

Air Blank:
07/11/21 08:11 .080
Calibration Check:
22 07/11/21 08:11 .098

Subject Name

MONTHLY MAINT
Subject I.D.

TEST 3

Operator Name: I.D.

MARK RINKER 200152
Location

STONE CO JAIL

REF

AS IV Serial no: 111779
Version no: 532B

TEST RECORD 89444

Temp Date Time ^{u/} 216L

VOID: RFI
12 07/11/21 08:13

Subject Name

MONTHLY MAINT
Subject I.D.

REF TEST

Operator Name: I.D.

MARK RINKER 200152
Location

STONE CO JAIL

MONTHLY MAINT
7/11/21
STONE CO SHERIFFS OFFICE
Sgt MARK RINKER
PERMIT # 200152
EXP. DATE 4/10/2022



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
MARK RINKER

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 4/10/2020

NUMBER 200156

EXPIRES 4/10/2022

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 RINKER, MARK
 Permit No 200156
 Date Issued 4/10/2020 Date Expires 4/10/2022



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