



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY: [Name] ON: [Date]

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 Nixa 095961	NAME OF AGENCY Nixa Police Department	DATE OF INSPECTION 12/23/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 715 W Center Circle, Nixa, MO 65714		TIME OF INSPECTION 2:20 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 # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP 5537 SIM. NIST EXP DATE 07/17/2025

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 .099	TEST 2 .098	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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Sgt. J Barton
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230030 02/17/2025	TELEPHONE NUMBER (417) 725-2510
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

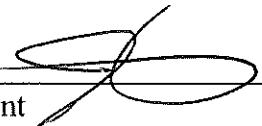
STATE OF MISSOURI)
)
COUNTY OF CHRISTIAN)

AFFIDAVIT

Before me, the undersigned authority, personally appeared Joshua Barton, who, being by me duly sworn, deposed as follows:

My name is Joshua Barton, 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 Nixa Police Department Alco-Sensor IV with printer, located at the Nixa Police Department. Attached hereto are 6 pages from my Alco-Sensor IV with printer records. The 6 pages of records are kept by me, in the regular course of business, and it was the regular course of business of the Nixa Police Department for an employee or representative of the Nixa Police Department, with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record 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, or diagnosis. The records attached hereto are the original or exact duplicates of the original.

 403

Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 23rd day December 2024.

Notary Public, County of Christian

(seal)

Nixa Police Department

Calibration Check Tickets

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 02942

Temp	Date	Time	s/ 210L
Air Blank:			
	12/23/24	02:26	.000
Calibration Check:			
27	12/23/24	02:26	.099

Subject Name
TEST 1

Subject I.D.

Operator Name, I.D.
403

Location

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 02943

Temp	Date	Time	s/ 210L
Air Blank:			
	12/23/24	02:29	.000
Calibration Check:			
28	12/23/24	02:29	.098

Subject Name
TEST 2

Subject I.D.

Operator Name, I.D.
403

Location

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 02944

Temp	Date	Time	s/ 210L
Air Blank:			
	12/23/24	02:31	.000
Calibration Check:			
29	12/23/24	02:31	.100

Subject Name
TEST 3

Subject I.D.

Operator Name, I.D.
403

Location

Nixa Police Department

RFI Evidence Ticket

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 02945

Temp	Date	Time	g/ 210L
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VOID: RFI
12 12/23/24 02:33

Subject Name
RFI

Subject I.D.

Operator Name: I.D.
[Signature] 403

Location

Nixa Police Department

Blank (Zero) Evidence Ticket

AS IV Serial no: 095961
Version no: 532B

TEST RECORD 02946

Temp	Date	Time	a/ 210L
Air Blank:			
	12/23/24	02:35	.000
Subject Test: Auto			
29	12/23/24	02:35	.000

Subject Name
BLANK

Subject I.D.

Operator Name, I.D.
[Signature] 403

Location
[Signature]



GUTH LABORATORIES, INC.

690 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 **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** 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 FN03072301 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
JOSHUA C. BARTON

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 2/17/2023

NUMBER 230030

EXPIRES 2/17/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Doreen F. Nielsen

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 BARTON, JOSHUA
 Permit No 230030
 Date Issued 2/17/2023 Date Expires 2/17/2025

