



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 10/28/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 5021 S State Hwy FF Battlefield, MO 65619		TIME OF INSPECTION 1:00 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 Laboratories, Inc. LOT # 23390 EXP. DATE 10/17/2025
- SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34 SIM. SN SD 2251 SIM. NIST EXP DATE 09/30/2025

- 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 \bullet .100	TEST 2 \bullet .100	TEST 3 \bullet .099
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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).

SIM Re-Certified 09/30/2024

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Tyler Moss
TYPE II PERMIT NUMBER/EXPIRATION DATE Number: 240153 Expires: 07/17/2026	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 01453

Temp Date Time ^{s/} 210L

Air Blank:
10/28/24 13:19 .000
Subject Test: Auto
23 10/28/24 13:19 .100

Subject Name

Tyler moss

Subject I.D.

240153 7/17/26

Operator Name, I.D.

10/29/2024

Location

Battfield PD

Test 1

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01454

Temp Date Time ^{s/} 210L

Air Blank:
10/28/24 13:21 .000
Subject Test: Auto
23 10/28/24 13:21 .100

Subject Name

Tyler moss

Subject I.D.

240153 7/17/26

Operator Name, I.D.

10/29/2024

Location

Battfield PD

Test 2

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01455

Temp Date Time ^{s/} 210L

Air Blank:
10/28/24 13:23 .000
Subject Test: Auto
24 10/28/24 13:23 .099

Subject Name

Tyler moss

Subject I.D.

240153 7/17/26

Operator Name, I.D.

10/29/2024

Location

Battfield PD

Test 3

AS IV Serial no: 097460
Version no: 532B

TEST RECORD 01456

Temp Date Time ^{s/} 210L

VOID: RFI
12 10/28/24 13:24

Subject Name

Tyler moss

Subject I.D.

240153 7/17/26

Operator Name, I.D.

10/29/2024 Battfield PD

RFI Test

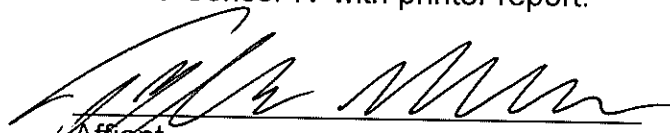
THE STATE OF MISSOURI)
COUNTY OF GREENE)

AFFIDAVIT

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

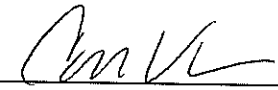
My name is **Tyler A. Moss**, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

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 10/28/2024 Alco-Sensor IV with printer report.

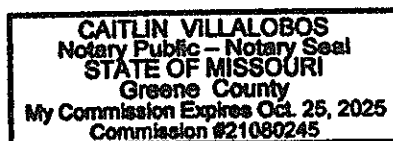


Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 28 day of October, 2024.



Notary Public





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 **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
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 7/17/2024

NUMBER 240153

EXPIRES 7/17/2026

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

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 240153
Date Issued 7/17/2024 **Date Expires** 7/17/2026

