

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

RECEIVED By Tracy Crews at 8:20 am, Dec 23,

Complete this report in duplicate at the time Send copy to Department of Health and Ser				whenev	ver instrument is r	epaired.
ALCO SENSOR IV SN Nixa 107987	NAME OF AGENCY Nixa Police Department			DATE OF 12/23/2	INSPECTION 2024	
LOCATION OF INSTRUMENT (STREET AND CITY) 715 W Center Circle, Nixa, MO 65714	CATION OF INSTRUMENT (STREET AND CITY)			TIME OF I 1:50 an	INSPECTION M	
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed va where determined.) Unmarked items must be corrected before using instrument.						d values
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)						
TEMPERATURE OF ALCO SENSOR (1	10°C - 40°C)					
ITIME AND DATE DISPLAYING PROPE	RLY					
BREATH ALCOHOL ACCURACY STANDA	RDS					
SIMULATOR SOLUTION			D ETHANOL-GA	AS MIXT	URE	
STANDARD SUPPLIER Guth Laborat	ories, IncL	.от # <u>23390</u>	EXP. DATE	10/17/2	2025	
SIMULATOR TEMPERATURE (34°C ±	0.2°C) <u>34.0</u> SI	M. SN MP 553	<u>37 SIM. N</u>	IIST EXF	DATE <u>07/17/20</u>	025
 CALIBRATION CHECK - (ONLY ONE S Run three tests using a standard solutio less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ 	n. All three tests must b standard solution being BETWEEN 0.095% an BETWEEN 0.076% an	e within ±5% of the s g used. (PRINTOUT A d 0.105% INCLUSIVI d 0.084% INCLUSIVI	standard value a ATTACHED) E E		have a spread of	.005 or
TEST 1 🖛 .100	TEST 2 🖛 .101		100. 🍽 TEST 3	0		
RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED		G RANGES SINCE	THE LAST MAIN	ITENAN	ICE REPORT:	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	0
List any new parts and describe any alterati established limits (use other side if necessar		vas made to restore	the instrument to	o operat	e satisfactorily an	d within
INSPECTING OFFICER		1	DOUT MALE			
SIGNATURE 403			PRINT NAME Sgt. J Barton			
TYPE II PERMIT NOMBER/EXPIRATION DATE 230030 02/17/2025			теlephone NUMBER (417) 725-251			
	lcohol Program, MO Dej lax, or email.	partment of Health ar	nd Senior Service	es, South	neast District Offic	æ

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.

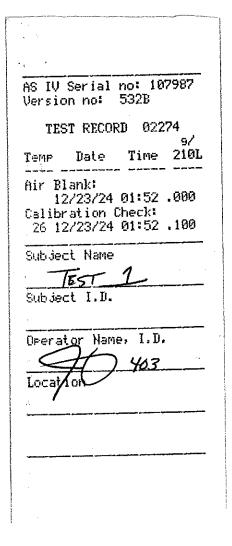
In witness whereof, I have hereunto subscribed my name and affixed my official seal this 23rd day December 2024.

(seal)

Notary Public, County of Christian

Nixa Police Department

Calibration Check Tickets



: 187987 22B 02275 9/ ime 2101 :54 .000 ck: :54 .101
2B 02275 9/ 'ime 210L
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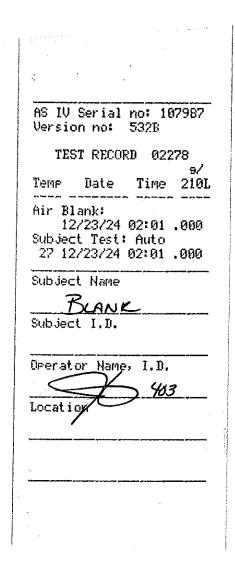
Nixa Police Department

RFI Evidence Ticket

AC 111	Ser ial	wat 16	7007
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Nixa Police Department

Blank (Zero) Evidence Ticket





CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 oſ Alcohol Reference Solution for Simulator were analyzed by chromatography on October 18, 2023, using a Perkin Elmer Gas 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°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 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. Mile Massure

DATE 2/17/2023

NUMBER 230030

EXPIRES 2/17/2025

Daves I. Nichelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

MO 580-0771 (6-10)

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
	d cardholder is authorized to operate an avidential breath alcohol for the determination of the alcoholic content in breath form of expired ai
	BARTON, JOSHUA
Permit N	o 230030
Date Issu	ued 2/17/2023 Date Expires 2/17/2025