

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

# RECEIVED By Tracy Crews at 7:41 am, Nov 18, 2024

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| Complete this report in duplicate<br>Send copy to Department of Heal  |   |             | 170 A  |                               |                                 | d whene   | ver instrument is  | repaired. |
|---|---|-------------|--|-------------------------------|---------------------------------|-----------|--------------------|-----------|
| ALCO SENSOR IV SN<br>111781   | NAME OF AGENCY Warsaw Police Department |             |  |                               | DATE OF INSPECTION 11/14/2024   |           |                    |           |
| LOCATION OF INSTRUMENT (STREET AI<br>181 W. Harrison St. Warsaw N   |   |             |  | TIME OF INSPECTION<br>9:11 pm |                                 |           |                    |           |
| CHECKLIST: Place a mark in the where determined.) Unmarked ite  | 10 mm                                   |             | The state of the s | perating                      | within establish                | ed limits | . (Write in observ | ed values |
| ☑ 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   |   |             |  |                               |                                 |           |                    |           |
| Z SIMULATOR SOLUTION   COMPRESSED ETHANOL-GAS MIXTURE   |   |             |  |                               |                                 |           |                    |           |
| STANDARD SUPPLIER Guth Laboratories LOT # 23390 EXP. DATE 10/17/2025  |   |             |  |                               |                                 |           |                    |           |
| ☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.04 SIM. SN MP6529 SIM. NIST EXP DATE 10/03/2025   |   |             |  |                               |                                 |           |                    |           |
| 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   | TES                                     | ST 2 🕶 .099 |  |                               | TEST 3 🖛 .09                    | 9         |                    |           |
| RFI DETECTOR OPERATING  |   |             |  |                               |                                 |           |                    |           |
| INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:<br>(DO NOT INCLUDE SELF-ADMINISTERED TESTS)  |   |             |  |                               |                                 |           |                    |           |
| REFUSALS 0 (004)  | 0 (.                                    | 0509) 0     | (.1014)  | 0                             | (.1519)                         | 0         | (OVER .19)         | 0         |
| 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).   |   |             |  |                               |                                 |           |                    |           |
| Adjusted time due to Daylight<br>Instrument operating within es   |   |             |  |                               |                                 |           |                    |           |
|   |   |             |  |                               |                                 |           |                    |           |
| NSPECTING OFFICER   |   |             |  |                               | <b>经保护的企业的基本企业的</b>             |           |                    |           |
| SIGNATURE CONTROL OF THE SIGNATURE  |   |             |  |                               | Sgt. Tony Helms                 |           |                    |           |
| 240099 05/07/2026   |   |             |  |                               | TELEPHONE NUMBER (660) 438-5522 |           |                    |           |
| Return completed report to the:   | Breath Alcoh<br>by mail, fax,           |             | Department of I  | leaith an                     | d Senior Servic                 | es, Sout  | heast District Off | fice      |

TEST RECORD 1923

TEST RECORD 1923

Tene Dat: Time 29/

Air Blank: 24 21:11 098

Subject Name
TEST H |
Subject Name
TEST H |
Operator Name. 1.D.
T. Helms 240099

Location
181 W Harrison

AS IV Serial no: 111781
Version no: 532B

TEST RECORD GOZZA

Tens Date Time Charles
Air Blank: 11/14/24 21:13
Calibration Check: 22 11/14/24 21:13

Subject Name

Iest # Z
Subject I.D.

Test # Z
Operator Name I.D

T. Helms Z40099

Location
181 W Harrison

Warsaw MO

AS IV Serial no: 111781
Version no: 532B

TEST RECORD 00233

Terp Date Time 210L

Air Blank: 11/14/24 21:15 .000
Celibration Check: 22 11/14/24 21:15 .099

Subject Name
Test # 3
Subject I.D.
Test # 3
Operator Name. I.D.
T. Helms 740099
Location
181 W Harrison
Warsaw Mo

TEST RFLORD 00234

TEST RFLORD 00234

Temp Date Time 210L

VOID: RFI
12 11/14/24 21:16

Subject Name

RFT Test

Subject I.D.

RFF Test

Operator Name. I.D.

T. Helms 240099

Location

141 W Harrison

Wassaw M6



#### 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°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 ANTHONY HELMS

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

EXPIRES 5/7/2026

MO:580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)



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 HELMS, ANTHONY

Permit No 240099

Date Issued 5/7/2024 Date Expires 5/7/2026

