

RECEIVED 8/15/16-CAROL DAY



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 062086	PRINTER SN 84.9324.048	DATE OF INSPECTION 08/09/2016
LOCATION OF INSTRUMENT (STREET AND CITY) # 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 11:43 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 Intoximeters, Inc. LOT # AG525701 EXP. DATE 09/14/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

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 ← .103 TEST 2 ← .102 TEST 3 ← .102

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) 1 (.10-.14) 0 (.15-.19) 1 (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).

INSPECTING OFFICER

SIGNATURE ▶	PRINT NAME Dep. Darrin Jones, DSN #1118
TYPE II PERMIT NUMBER/EXPIRATION DATE 250254 11/11/2017	TELEPHONE NUMBER (636) 583-2560

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

STATE OF MISSOURI)
)
COUNTY OF FRANKLIN) SS

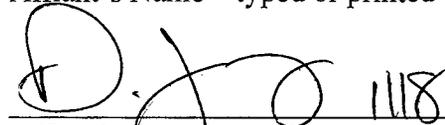
AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Dep. Darrin Jones, DSN #1118, and upon being duly sworn by me, deposed as follows:

My name is Dep. D. Jones-1118. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 062086. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of August 9, 2016. These 4 pages of records are kept by the Franklin County Sheriff's Office in the regular course of business, and it is with the regular course of business that an employee or representative to make the record or to transmit information thereof to be included in such record. The records attached hereto are the original or exact duplicates of the original. The records attached hereto represent a complete and exact duplication of any and all original records kept by the Franklin County Sheriff's Office in the regular course of business.

Dep. D. Jones, DSN #1118
Affiant's Name – typed or printed


Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
9th day of August, 2016.

My commission expires: 09/14/2019


Notary Public

Kimberly A. Mortz
Notary Public – Notary Seal
STATE OF MISSOURI
Franklin County
My Commission Expires 9/14/2019
Commission # 15231859

*747

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00532

Temp Date Time 210L ^{s/}

VOID: RFI
12 08/09/16 11:48

Subject Name

Subject I.D.

Operator Name, I.D.

D. J. 118
Location

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00530

Temp Date Time 210L ^{s/}

Air Blank:
08/09/16 11:45 .000
Calibration Check:
21 08/09/16 11:45 .102

Subject Name

Subject I.D.

Operator Name, I.D.

D. J. 118
Location

*70

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00531

Temp Date Time 210L ^{s/}

Air Blank:
08/09/16 11:48 .000
Calibration Check:
22 08/09/16 11:48 .102

Subject Name

Subject I.D.

Operator Name, I.D.

D. J. 118
Location

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 00529

Temp Date Time 210L ^{s/}

Air Blank:
08/09/16 11:43 .000
Calibration Check:
21 08/09/16 11:43 .103

Subject Name

Subject I.D.

Operator Name, I.D.

D. J. 118
Location



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

2

**PERMIT
 TYPE II**

DARRIN M JONES

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, INTOX EC/IR II

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 11/11/2015

NUMBER 250254

EXPIRES 11/11/2017

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)