



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT #7

**RECEIVED**

By Carol Day at 11:22 am, Jun 01, 2016

Complete this report in duplicate at the time of the regular monthly pre-employment testing. Send copy to Department of Health and Senior Services; retain original.

ALCO SENSOR IV SN 099364	PRINTER SN 097.3584.339	DATE OF INSPECTION 05/31/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriff's Office. #1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 11:21 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 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 ← .101	TEST 2 ← .102	TEST 3 ← .101
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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)	3	(.15-.19)	0	(OVER .19)	1
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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 Deputy Darrin Jones, 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



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Test Date: 15-Sep-2015

Lot # AG525701 Model 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
14-Sep-2017	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2015.09.15 16:04:10 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Analyst:   
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IU Serial no: 099364  
Version no: 532B

TEST RECORD 00410

Temp Date Time 210L

Air Blank:  
05/31/16 11:25 .000  
Calibration Check:  
22 05/31/16 11:25 .101

Subject Name

Operator I.D.

DJO / 250254  
Operator Name, I.D.

FCSO  
Location

AS IU Serial no: 099364  
Version no: 532B

TEST RECORD 00409

Temp Date Time 210L

Air Blank:  
05/31/16 11:21 .000  
Calibration Check:  
21 05/31/16 11:21 .101

Subject Name

Operator I.D.

DJO / 250254  
Operator Name, I.D.

FCSO  
Location

AS IU Serial no: 099364  
Version no: 532B

TEST RECORD 00411

Temp Date Time 210L

VOID: RFI  
12 05/31/16 11:26

Subject Name

Operator I.D.

DJO / 250254  
Operator Name, I.D.

FCSO  
Location

AS IU Serial no: 099364  
Version no: 532B

TEST RECORD 00409

Temp Date Time 210L

Air Blank:  
05/31/16 11:23 .000  
Calibration Check:  
21 05/31/16 11:23 .102

Subject Name

Operator I.D.

DJO / 250254  
Operator Name, I.D.

FCSO  
Location



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

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**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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250254

EXPIRES 11/11/2017

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 JONES, DARRIN  
 Permit No 250254  
 Date Issued 11/11/2015 Date Expires 11/11/2017

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. Darrin Jones, DSN #1118. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

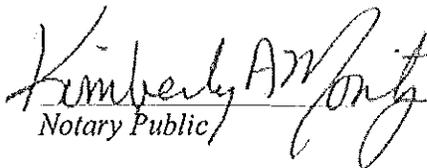
I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 099364. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of JApril 26, 2016. These 4 pages of records are kept by the Franklin County Sheriff's Office in the regular 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. Darrin 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*  
31 day of May, 2016.

*My commission expires:* 09/14/2019

  
Notary Public

Kimberly A. Moritz  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Franklin County  
My Commission Expires 9/14/2019  
Commission # 15231355