



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 107980	PRINTER SN 099.3586.795	DATE OF INSPECTION 03/26/2016
LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriff's Office. #1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 11:35 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 ← .097

TEST 2 ← .097

TEST 3 ← .097

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)	1	(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 Chris Ball/ 1262

TYPE II PERMIT NUMBER/EXPIRATION DATE
 250274 11/12/2017

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. Chris Ball, 1262, and upon being duly sworn by me, deposed as follows:

My name is Dep. Chris Ball, 1262 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# 107980. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of April 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. Chris Ball, 1262
Affiant's Name – typed or printed


Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
26 day of April, 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 # 15231886

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00157

Temp Date Time ^{s/} 210L

Air Blank:
04/26/16 11:35 .000
Calibration Check:
23 04/26/16 11:35 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Doc Clark #1002/250274
Location
FLSO, Union

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00159

Temp Date Time ^{s/} 210L

Air Blank:
04/26/16 11:39 .000
Calibration Check:
23 04/26/16 11:39 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Doc Clark #1002/250274
Location
FLSO, Union

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00160

Temp Date Time ^{s/} 210L

VOID: RFI
12 04/26/16 11:41

Subject Name

Subject I.D.

Operator Name, I.D.

Doc Clark #1002/250274
Location
FLSO, Union

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00158

Temp Date Time ^{s/} 210L

Air Blank:
04/26/16 11:37 .000
Calibration Check:
23 04/26/16 11:37 .097

Subject Name

Subject I.D.

Operator Name, I.D.

Doc Clark #1002/250274
Location
FLSO, Union



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

Exp. Date

14-Sep-2017

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

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

Serial No.

EB0010581

Concentration

391.8 ppm

EB0010570

259.8 ppm

EB0010285

209.0 ppm

EB0010561

103.7 ppm

EB0010681

52.22 ppm

Serial No.

EB0010603

Concentration

392.5 ppm

EB0010559

258.9 ppm

EB0010595

208.9 ppm

EB0010562

104.9 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



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

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PERMIT
TYPE II
CHRISTOPHER D BALL

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 11/12/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 250274

EXPIRES 11/12/2017

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 BALL, CHRISTOPHER
 Permit No 250274
 Date Issued 11/12/2015 Date Expires 11/12/2017