



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	NAME OF AGENCY Franklin County Sheriff's Office	DATE OF INSPECTION 02/13/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 1206 Hours

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 # AG221502 EXP. DATE 08/03/2024

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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 ➡ .102

TEST 2 ➡ .101

TEST 3 ➡ .101

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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Printer Serial Number: 210843722

INSPECTING OFFICER

SIGNATURE

[Signature]

PRINT NAME

Detective J. Friedmann #1182

TYPE II PERMIT NUMBER/EXPIRATION DATE

220205 08/24/2024

TELEPHONE NUMBER

(636) 583-2560

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

STATE OF MISSOURI)
)
COUNTY OF FRANKLIN) SS

AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Detective J. Friedmann #1182, and upon being duly sworn by me, deposed as follows:

My name is Detective J. Friedmann #1182. 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 February 13, 2023. 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.

Detective J. Friedmann #1182
Affiant's Name – typed or printed

Det J. Friedmann
Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
13th day of February, 2023.

My commission expires: Sep 14 2023

Kimberly A. Moritz
Notary Public

KIMBERLY A. MORITZ
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
COMMISSIONED FOR FRANKLIN COUNTY
MY COMMISSION EXPIRES SEP. 14, 2023
ID #15231859

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01197

Temp Date Time 21^{9/}OL

Air Blank:
02/13/23 12:06 .000
Calibration Check:
21 02/13/23 12:06 .102

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01198

Temp Date Time 21^{9/}OL

Air Blank:
02/13/23 12:08 .000
Calibration Check:
22 02/13/23 12:08 .101

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01199

Temp Date Time 21^{9/}OL

Air Blank:
02/13/23 12:11 .000
Calibration Check:
22 02/13/23 12:11 .101

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01200

Temp Date Time 21^{9/}OL

VOID: RFI
12 02/13/23 12:12

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO



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



PERMIT
TYPE II
JEFFREY S. FRIEDMANN

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 8/24/2022

NUMBER 220205

EXPIRES 8/24/2024

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nickelson

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 FRIEDMANN, JEFFREY
 Permit No 220205
 Date Issued 8/24/2022 Date Expires 8/24/2024



