



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 05/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 0203 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 .103

TEST 2 .103

TEST 3 .103

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

PRINT NAME  
Deputy T. Cline 1132

TYPE II PERMIT NUMBER/EXPIRATION DATE  
230043 03/27/2025

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.

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01263

Temp Date Time <sup>g/</sup>210L

Air Blank:  
05/30/23 02:03 .000  
Calibration Check:  
20 05/30/23 02:03 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Clinell32

Location

FCSO

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01265

Temp Date Time <sup>g/</sup>210L

Air Blank:  
05/30/23 02:08 .000  
Subject Test: Man  
21 05/30/23 02:08 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Clinell32

Location

FCSO

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01264

Temp Date Time <sup>g/</sup>210L

Air Blank:  
05/30/23 02:06 .000  
Subject Test: Man  
20 05/30/23 02:06 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Cline 1132

Location

FCSO

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01266

Temp Date Time <sup>g/</sup>210L

VOID: RFI  
12 05/30/23 02:10

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Cline 1132

Location

FCSO

STATE OF MISSOURI    )  
  )  
COUNTY OF FRANKLIN )       SS

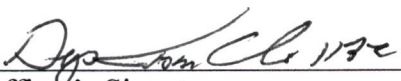
**AFFIDAVIT FOR RECORDS**

*Before me, the undersigned authority personally appeared, Deputy T. Cline #1132, and upon being duly sworn by me, deposed as follows:*

My name is Deputy T. Cline #1132. 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 May 30, 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.

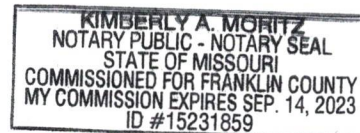
Deputy T. Cline #1132  
Affiant's Name – typed or printed

  
Affiant's Signature

*In witness whereof, I have hereunto subscribed my name and affixed my official seal this*  
31<sup>st</sup> day of May, 2023.

*My commission expires:* Sep 14, 2023

  
Notary Public





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:** 4-Aug-2022

**Lot #** AG221502 **Model** 108

<b>Exp Date</b> 3-Aug-2024	<b>Cyl. Type</b> 108	<b>Component</b> Ethanol Nitrogen	<b>Certified Concentration</b> 0.100 ± 2% BrAC (272 ppm)
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**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:08.04.2022 15:01

Approved for Release: \_\_\_\_\_

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06  
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



**PERMIT**  
**TYPE II**  
**THOMAS F. CLINE III**

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 3/27/2023

NUMBER 230043

EXPIRES 3/27/2025

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. Nicholson*

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 CLINE III, THOMAS  
 Permit No 230043  
 Date Issued 3/27/2023 Date Expires 3/27/2025

