



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 097421	NAME OF AGENCY Branson West Police Department	DATE OF INSPECTION 06/07/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 110 Silver Lady Ln., Branson West MO 65737	TIME OF INSPECTION 10:22 am
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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 # AG127903 EXP. DATE 10/06/2023

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 .098	TEST 2 .098	TEST 3 .097
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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)	0	(.15-.19)	0	(OVER .19)	0
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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 Sgt. Aaron Hoeft
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TYPE II PERMIT NUMBER/EXPIRATION DATE 210259 11/18/2023	TELEPHONE NUMBER (417) 272-3400
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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: 097421
Version no: 532B

TEST RECORD 00925

Temp Date Time ^{a/} 210L

Air Blank:
06/07/23 10:22 .000
Calibration Check:
20 06/07/23 10:22 .098

Subject Name
Test 1
Subject I.D.
test 1
Operator Name, I.D.
Hoelt 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00926

Temp Date Time ^{a/} 210L

Air Blank:
06/07/23 10:25 .000
Calibration Check:
21 06/07/23 10:25 .098

Subject Name
Test 2
Subject I.D.
test 2
Operator Name, I.D.
Hoelt 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00927

Temp Date Time ^{a/} 210L

Air Blank:
06/07/23 10:27 .000
Calibration Check:
23 06/07/23 10:27 .097

Subject Name
Test 3
Subject I.D.
test 3
Operator Name, I.D.
Hoelt 210259
Location
BWPD

AS IV Serial no: 097421
Version no: 532B

TEST RECORD 00928

Temp Date Time ^{a/} 210L

VOID: RFI
12 06/07/23 10:28

Subject Name
RFI test
Subject I.D.
rfi test
Operator Name, I.D.
Hoelt 210259
Location
BWPD



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
Toximeters, Inc.
3081 Craig Road
St. Louis, Mo 63146

Test Date: 6-Oct-2021

Lot # AG127903 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
10-Oct-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>GM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
B0010581	392.1 ppm	EB0010603	393.0 ppm
B0010570	259.8 ppm	EB0010559	258.2 ppm
B0010285	208.0 ppm	EB0010595	208.3 ppm
B0010561	103.6 ppm	EB0010562	104.2 ppm
B0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
C434668	800.0 ppm	0056649	390.1 ppm
C234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2021.10.07 19:22:40 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

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

IN THE CIRCUIT COURT OF STONE COUNTY, MISSOURI

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)
) **ALCO-SENSOR IV with PRINTER**
) **Instrument # 097421**
)

AFFIDAVIT IN LIEU OF APPEARANCE
ON SUBPOENA

THE STATE OF MISSOURI

COUNTY OF STONE

AFFIDAVIT

Before me, the undersigned authority, personally appeared Aaron Hoeft, who, being by me duly sworn, deposed as follows:

My name is Aaron Hoeft, 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 ALCO-SENSOR IV WITH PRINTER MAINTENANCE RECORDS FOR BRANSON WEST POLICE DEPARTMENT.

Attached hereto are three (4) pages of records from the BRANSON WEST POLICE DEPARTMENT. These three (4) pages of records are kept by Aaron Hoeft in the regular course of business, and it was the regular course of business of BRANSON WEST POLICE DEPARTMENT for an employee or representative of BRANSON WEST POLICE DEPARTMENT with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicates of the original.


Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this _____ day of _____, 202__.

Signed

Seal



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



PERMIT
TYPE II
AARON HOEFT

ereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs,
I operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections
7.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

FE 11/18/2021

MBER 210259

PIRES 11/18/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

30-0771 (6-10)

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 **HOEFT, AARON**
Permit No **210259**
Date Issued **11/18/2021** Date Expires **11/18/2023**