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By Tracy Crews at 7:52 am, Jul 09, 2020



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 107980 | PRINTER SN 099.3586.795 | DATE OF INSPECTION 06/09/2020 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriff's Office, #1 Bruns Lane, Union MO 63084 | TIME OF INSPECTION 6:44 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 # AG902302 EXP. DATE 01/23/2021

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 ← .098 | TEST 2 ← .098 | TEST 3 ← .098 |
|---------------|---------------|---------------|

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 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 <i>Deputy B. Erisman</i> | PRINT NAME Deputy B. Erisman #1223 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 200166 05/05/2022 | 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, Deputy B. Erisman #1223 and upon being duly sworn by me, deposed as follows:

My name is Deputy B. Erisman #1223. 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 for Alco Sensor IV S/N# 107980 from the Franklin County Sheriff's Office for the date of June 9, 2020. These pages for the instrument 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 records. 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.

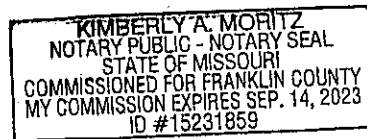
Deputy B. Erisman #1223
Affiant's Name – typed or printed

Deputy B. Erisman #1223
Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
9th day of June, 2020.

My commission expires: 09/14/2023

Kimberly A. Moritz
Notary Public



AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00540

Temp Date Time ^{9/}210L

Air Blank:
06/09/20 06:44 .000
Calibration Check:
20 06/09/20 06:44 .098

Subject Name

Test
Subject I.D.

Operator Name, I.D.

Erismar 1223
Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00541

Temp Date Time ^{9/}210L

Air Blank:
06/09/20 06:47 .000
Calibration Check:
21 06/09/20 06:47 .098

Subject Name

Test
Subject I.D.

Operator Name, I.D.

Erismar 1223
Location

AS IV
107980

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00542

Temp Date Time ^{9/}210L

Air Blank:
06/09/20 06:50 .000
Calibration Check:
21 06/09/20 06:50 .098

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

Erismar 1223
Location

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00543

Temp Date Time ^{9/}210L

VOID: RFI
12 06/09/20 06:57

Subject Name

Test
Subject I.D.

Operator Name, I.D.

Erismar 1223
Location



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

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**PERMIT
 TYPE II**

BRANDON ERISMAN

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 5/5/2020
 NUMBER 200166
 EXPIRES 5/5/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RS-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 ERISMAN, BRANDON
 Permit No 200166
 Date Issued 5/5/2020 Date Expires 5/5/2022