



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 10/12/2021
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 7:44 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 Guth Laboratories LOT # 20190 EXP. DATE 04/06/2022

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.00 SIM. SN MP3575 SIM. NIST EXP DATE 03/25/2022

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 .104

TEST 2 .104

TEST 3 .104

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)

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
Det. J. Friedmann

PRINT NAME
Detective J. Friedmann #1182

TYPE II PERMIT NUMBER/EXPIRATION DATE
200169 05/11/2022

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 October 12, 2021. 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.

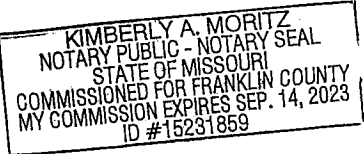
Detective J. Friedmann #1182
Affiant's Name – typed or printed

[Handwritten Signature]
Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
12th day of October, 2021.

My commission expires: Sep 14 2023

[Handwritten Signature]
Notary Public



AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01112

Temp	Date	Time	s/ 210L
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Air Blank:
10/12/21 07:44 .000
Calibration Check:
21 10/12/21 07:44 .104

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01114

Temp	Date	Time	s/ 210L
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Air Blank:
10/12/21 07:48 .000
Calibration Check:
22 10/12/21 07:48 .104

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01113

Temp	Date	Time	s/ 210L
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Air Blank:
10/12/21 07:46 .000
Calibration Check:
21 10/12/21 07:46 .104

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01115

Temp	Date	Time	s/ 210L
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VOID: RFI
12 10/12/21 07:49

Subject Name

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

FCSO



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **20190** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **April 8, 2020**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1206%** (w/vol) ethyl alcohol. The expiration date for this lot number is **April 6, 2022** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L** $\pm 3\%$.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

*Testing was conducted using Cerilliant Reference Standard lot number FN02271802 whose values are traceable to NIST.
All balances are calibrated annually by an outside agency using NIST traceable weights.
Calibration verification is done prior to each use utilizing NIST traceable weights.*



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

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**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 5/11/2020

NUMBER 200169

EXPIRES 5/11/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 200169
 Date Issued 5/11/2020 Date Expires 5/11/2022