



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 099364 | NAME OF AGENCY Franklin County Sheriff's Office | DATE OF INSPECTION 06/29/2021 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084 | | TIME OF INSPECTION 0707 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 # AG017403 EXP. DATE 06/22/2022
- 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 ➔ .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-.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 <i>Dep B. Erism</i> | PRINT NAME Deputy B. Erism #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 by mail, fax, or email.

ASIV
099364

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00853

Temp Date Time ^{g/} 210L

Air Blank:
06/29/21 07:07 .000
Calibration Check:
26 06/29/21 07:07 .098

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00854

Temp Date Time ^{g/} 210L

Air Blank:
06/29/21 07:09 .000
Calibration Check:
26 06/29/21 07:09 .098

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00855

Temp Date Time ^{g/} 210L

Air Blank:
06/29/21 07:12 .000
Calibration Check:
26 06/29/21 07:12 .098

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00856

Temp Date Time ^{g/} 210L

VOID: RFI
12 06/29/21 07:13

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO



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: 24-Jun-2020

Lot # AG017403 **Model** 108cacc

Exp. Date

22-Jun-2022

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

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

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Approved for Release: _____

ISO 17025:2005 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

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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

MO.580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (RB-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

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# 099364. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of June 29, 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.

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

Dep B. E. 1223
Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
29th day of June, 2021.

My commission expires: Sep 14 2023

Kimberly A Moritz
Notary Public

