



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	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 0705 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 ← .105

TEST 2 ← .104

TEST 3 ← .105

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).

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**INSPECTING OFFICER**

SIGNATURE Deputy B. Erisman #1223	PRINT NAME Deputy B. Erisman #1223
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200166 05/05/2022	TELEPHONE NUMBER (636 ) 583-2560
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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.

ASIV  
107980

AS IV Serial no: 107900  
Version no: 532B

TEST RECORD 00611

Temp Date Time 210L  
s/

Air Blank:  
06/29/21 07:05 .000  
Calibration Check:  
16 06/29/21 07:05 .105

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 107900  
Version no: 532B

TEST RECORD 00613

Temp Date Time 210L  
s/

Air Blank:  
06/29/21 07:10 .000  
Calibration Check:  
17 06/29/21 07:10 .105

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 107900  
Version no: 532B

TEST RECORD 00612

Temp Date Time 210L  
s/

Air Blank:  
06/29/21 07:07 .000  
Calibration Check:  
17 06/29/21 07:07 .104

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 107900  
Version no: 532B

TEST RECORD 00614

Temp Date Time 210L  
s/

VOID: RFI  
12 06/29/21 07:11

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 108cadd**

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
22-Jun-2022	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	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.

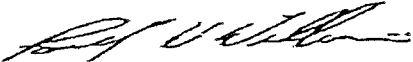
DATE 5/5/2020

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 (R5-10)



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    )  
                                  )        SS  
COUNTY OF FRANKLIN )

**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 29, 2021. 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

Dep B. Eri 1223  
Affiant's Signature

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

*My commission expires:* Sep 14 2023

Kimberly A Moritz  
Notary Public

