



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 08/23/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 0803 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG028101</u> EXP. DATE <u>10/07/2022</u>	
<input type="checkbox"/> 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 ➡ .099	TEST 2 ➡ .099	TEST 3 ➡ .099
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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-.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).

Printer Serial Number: 099.3586.795

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**INSPECTING OFFICER**

SIGNATURE <i>Dep B. Erism</i>	PRINT NAME Deputy B. Erisman #1223
TYPE II PERMIT NUMBER/EXPIRATION DATE 220125 05/11/2024	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 107980

AS IV Serial no: 107980  
Version no: 532B

TEST RECORD 00692

Temp Date Time 210L<sup>s/</sup>

Air Blank:  
08/23/22 08:03 .000  
Calibration Check:  
20 08/23/22 08:03 .099

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 107980  
Version no: 532B

TEST RECORD 00694

Temp Date Time 210L<sup>s/</sup>

Air Blank:  
08/23/22 08:07 .000  
Calibration Check:  
21 08/23/22 08:07 .099

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 107980  
Version no: 532B

TEST RECORD 00693

Temp Date Time 210L<sup>s/</sup>

Air Blank:  
08/23/22 08:05 .000  
Calibration Check:  
21 08/23/22 08:05 .099

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

AS IV Serial no: 107980  
Version no: 532B

TEST RECORD 00695

Temp Date Time 210L<sup>s/</sup>

VOID: RFI  
12 08/23/22 08:08

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Erisman 1223

Location

FCSO

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 August 23, 2022. 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. Erisman #1223  
Affiant's Signature

*In witness whereof, I have hereunto subscribed my name and affixed my official seal this*  
23<sup>rd</sup> day of August, 2022.

*My commission expires:* Sep 14 2023

Kimberly A Moritz  
Notary Public

KIMBERLY A. MORITZ  
NOTARY PUBLIC - NOTARY SEAL  
STATE OF MISSOURI  
COMMISSIONED FOR FRANKLIN COUNTY  
MY COMMISSION EXPIRES SEP. 14, 2023  
ID #15231859





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

2

**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 5/11/2022

NUMBER 220125

EXPIRES 5/11/2024

*Laura A. Noy*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. Nielsen*

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 ERISMAN, BRANDON  
 Permit No 220125  
 Date Issued 5/11/2022 Date Expires 5/11/2024

