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By Tracy Crews at 11:27 am, May 15, 2024



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 062986	NAME OF AGENCY Franklin County Sheriff's Office	DATE OF INSPECTION 05/14/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084	TIME OF INSPECTION 0730
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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 _____ LOT # _____ EXP. DATE _____

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 ← .102

TEST 2 ← .102

TEST 3 ← .103

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).

Printer # 210843722

INSPECTING OFFICER

SIGNATURE

Deputy Tom Cline III

PRINT NAME

Deputy Tom Cline III - 1132

TYPE II PERMIT NUMBER/EXPIRATION DATE

3-27-2025 #2340043

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

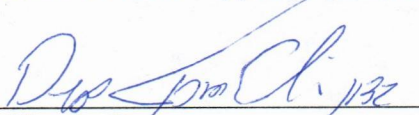
AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Deputy T. Cline #1132, and upon being duly sworn by me, deposed as follows:

My name is Deputy T. Cline #1132. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

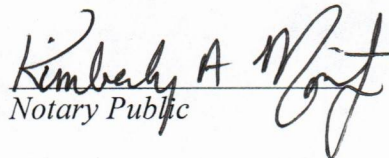
I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 062086. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of May 14th, 2024. These 4 pages of records are kept by the Franklin County Sheriff's Office in the regular 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.

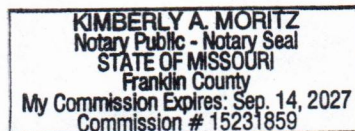
Deputy T. Cline #1132
Affiant's Name – typed or printed


Affiant's Signature

In witness whereof, I have hereunto subscribed my name and affixed my official seal this
14th day of May, 2024.

My commission expires: Sep 14, 2027


Notary Public



ASIV - #062086

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01360

Temp Date Time 210L ^{9/}

Air Blank:
05/14/24 07:34 .000

Subject Test: Man
21 05/14/24 07:34 .102

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim1132

Location

FCSD

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01359

Temp Date Time 210L ^{9/}

Air Blank:
05/14/24 07:32 .000

Subject Test: Man
20 05/14/24 07:32 .102

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim1132

Location

FCSD

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01358

Temp Date Time 210L ^{9/}

Air Blank:
05/14/24 07:29 .000

Subject Test: Man
20 05/14/24 07:29 .103

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim1132

Location

FCSD

AS IV Serial no: 062086
Version no: 532B

TEST RECORD 01361

Temp Date Time 210L ^{9/}

VOID: RF1
12 05/14/24 07:37

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim1132

Location

FCSD



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: 4-Aug-2022

Lot # AG221502 **Model** 108

Exp Date 3-Aug-2024	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:08.04.2022 15:01

Approved for Release: _____

Rod Marsala

ISO 17025:2017 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**

THOMAS F. CLINE III

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 3/27/2023

NUMBER 230043

EXPIRES 3/27/2025

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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 CLINE III, THOMAS
Permit No 230043
Date Issued 3/27/2023 **Date Expires** 3/27/2025

