RECEIVED

By Tracy Crews at 11:28 am, May 15, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

WBCCCX*						
Complete this report in d Send copy to Departmen	· ·			A STATE OF THE STA	never instrument is repaired.	
ALCO SENSOR IV SN 0099364		NAME OF AGENCY Franklin County S	Sheriff's Office		OF INSPECTION 4/2024	
LOCATION OF INSTRUMENT (1 Bruns Lane, Union M			*	0730	OF INSPECTION	
		n item if found to be satis	sfactory or if operating	within established lim	nits. (Write in observed values	
where determined.) Unm						
■ DIGITAL READOUT	(ALL ELEMENTS (PERATIONAL)				
■ TEMPERATURE OF	ALCO SENSOR (1	0°C - 40°C)				
PRINTER WORKING	G PROPERLY					
■ TIME AND DATE DI	SPLAYING PROPE	RLY				
BREATH ALCOHOL AC	CURACY STANDA	RDS				
☐ SIMULATOR SOLUT	TION		☐ COMPRESSE	D ETHANOL-GAS MI	IXTURE	
☐ STANDARD SUPPL	STANDARD SUPPLIER		LOT #		EXP. DATE	
☐ SIMULATOR TEMPE	ERATURE (34°C ± 0).2°C) SI	M. SN	SIM. NIST E	EXP DATE	
0.100% STAND	ARD - MUST READ ARD - MUST READ	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and BETWEEN 0.038% and	d 0.105% INCLUSIVI d 0.084% INCLUSIVI	E E		
TEST 1 .101		TEST 2 .101		TEST 3 .102		
■ RFI DETECTOR OPE	ERATING					
INDICATE THE NUMBER (DO NOT INCLUDE SEL			G RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and d established limits (use oth Printer Serial # 097.3	ner side if necessar		was made to restore	the instrument to ope	erate satisfactorily and within	
INSPECTING OFFICER SIGNATURE				PRINT NAME		
· Dep (pm 5)132			Deputy Tom Cline I	II - 1132		
TYPE II PERMIT NUMBER/EXPIRÁTI 3-27-2025 - #230043	ON DATE			TELEPHONE NUMBER (636) 583-2560		
Return completed repor	t to the: Breath Alby mail, f	cohol Program, MO Depax, or email.	partment of Health ar	nd Senior Services, So	outheast District Office	

AS-IV # 099364

AS IV Serial no: 099364 Version no: 532B TEST RECORD 01211 Temp Date Time 210L Air Blank: 05/14/24 07:31 .000 Subject Test: Man 19 05/14/24 07:31 .101 Subject Name Self Tes Subject I.D. · Solf-Re Operator Name, I.D. in 1132 Location

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 01212

Year Date Time 210L

Air Blank:
05/14/24 07:33 .000
Subject Test: Man
20 05/14/24 07:33 .101

Subject Name
Suffest
Subject I.D.
Operator Name, I.D.
Location
FCSO

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 01213
9/
Temp Date Time 210L

Air Blank: 05/14/24 07:36 .000
Subject Test: Man 20 05/14/24 07:36 .102

Subject Name
Subject I.D.
Subject I.D.
Location

Location

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 01214
9/
Temp Date Time 210L

VOID: RFI
12 05/14/24 07:38

Subject Name
Self Ref

Operator Name, I.D.

Change
Location
FCGO

STATE OF MISSOURI)	
)	SS
COUNTY OF FRANKLIN)	

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# 099364. 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



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 Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Nitrogen

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



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	Mike Massini
DAIL		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	230043	
		Davla J. Nichelson
EXPIRES	3/27/2025	
		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

