



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 12/10/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 2300

**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 # AG333203 EXP. DATE 11/28/2025

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 ← .096	TEST 2 ← .105	TEST 3 ← .100
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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 #097.3584.339

**INSPECTING OFFICER**

SIGNATURE ▶	PRINT NAME Deputy Tom Cline III - 1132
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TYPE II PERMIT NUMBER/EXPIRATION DATE 3-27-2025 #2340043	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.

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# 099364. Attached hereto are 4 pages of records from the Franklin County Sheriff's Office for the date of December 10th, 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.

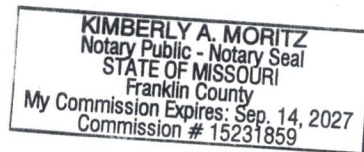
Deputy T. Cline #1132  
Affiant's Name – typed or printed

Dep T. Cline #1132  
Affiant's Signature

*In witness whereof, I have hereunto subscribed my name and affixed my official seal this*  
10<sup>th</sup> day of December, 2024.

My commission expires: Sep 14 2027

Kimberly A Moritz  
Notary Public



AS-IV # 099364

AS IV Serial no: 099364  
Version no: 532B

TEST RECORD 01249

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

Air Blank:  
12/10/24 23:49 .000  
Subject Test: Man  
20 12/10/24 23:49 .096

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Cline

Location

FCSD

AS IV Serial no: 099364  
Version no: 532B

TEST RECORD 01242

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

Air Blank:  
12/10/24 23:34 .000  
Calibration Check:  
16 12/10/24 23:34 .105

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Cline

Location

FCSD

AS IV Serial no: 099364  
Version no: 532B

TEST RECORD 01246

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

Air Blank:  
12/10/24 23:43 .000  
Subject Test: Man  
18 12/10/24 23:43 .100

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Cline

Location

FCSD

AS IV Serial no: 099364  
Version no: 532B

TEST RECORD 01250

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

VOID: RFI  
12 12/10/24 23:52

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Cline

Location

FCSD







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 Massman*

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

