



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Tracy Crews at 11:29 am, May 15, 2024

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 05/14/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 1 Bruns Lane, Union MO 63084 | | TIME OF INSPECTION 0730 |

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.

| |
|--|
| <input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL) |
| <input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) |
| <input checked="" type="checkbox"/> PRINTER WORKING PROPERLY |
| <input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY |

BREATH ALCOHOL ACCURACY STANDARDS

| | |
|--|---|
| <input type="checkbox"/> SIMULATOR SOLUTION | <input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input type="checkbox"/> STANDARD SUPPLIER _____ LOT # _____ EXP. DATE _____ | |
| <input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST EXP DATE _____ | |
| <input checked="" type="checkbox"/> 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) | |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE | |

| | | |
|---------------|---------------|---------------|
| TEST 1 ← .098 | TEST 2 ← .097 | TEST 3 ← .097 |
|---------------|---------------|---------------|

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 # 099.3586.795

INSPECTING OFFICER

| | |
|---|---|
| SIGNATURE Deputy Tom Cline III 1132 | 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)
)
) 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# 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 May 14th, 2024. 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.

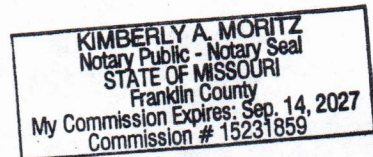
Deputy T. Cline #1132
Affiant's Name – typed or printed

Deputy T. Cline #1132
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

Kimberly A. Moritz
Notary Public



AS-IV # 107980

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00847

Temp Date Time ^{s/} 210L

Air Blank:
05/14/24 07:30 .000
Subject Test: Man
21 05/14/24 07:30 .098

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim 1132

Location

FC50

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00848

Temp Date Time ^{s/} 210L

Air Blank:
05/14/24 07:32 .000
Subject Test: Man
21 05/14/24 07:32 .097

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim 1132

Location

FC50

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00849

Temp Date Time ^{s/} 210L

Air Blank:
05/14/24 07:34 .000
Subject Test: Man
22 05/14/24 07:34 .097

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim 1132

Location

FC50

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00850

Temp Date Time ^{s/} 210L

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

Subject Name

Self Test

Subject I.D.

Self Test

Operator Name, I.D.

Clim 1132

Location

FC50



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) |
|-------------------------------|-------------------------|---|---|

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

2

**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

