



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 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 • .099

TEST 2 • .098

TEST 3 • .099

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 ▶ | 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.

AS-IV # 107980

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00872

Temp Date Time 210L

Air Blank:
12/10/24 23:34 .000
Calibration Check:
20 12/10/24 23:34 .099

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Clim

Location

FCSS

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00873

Temp Date Time 210L

Air Blank:
12/10/24 23:35 .000
Subject Test: Man
20 12/10/24 23:35 .098

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Clim

Location

FCSS

Operator Name, I.D.

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00876

Temp Date Time 210L

VOID: RFI
12 12/10/24 23:51

Subject Name

Test

Subject I.D.

Test

Operator Name, I.D.

Clim

Location

FCSS

AS IV Serial no: 107980
Version no: 532B

TEST RECORD 00874

Temp Date Time 210L

Air Blank:
12/10/24 23:38 .000
Subject Test: Man
21 12/10/24 23:38 .099

Subject Name

Test

Subject I.D.

test

Operator Name, I.D.

Clim

Location

FCSS

STATE OF MISSOURI)
)
COUNTY OF FRANKLIN) SS

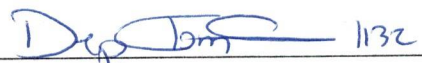
AFFIDAVIT FOR RECORDS

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:

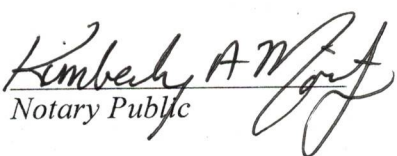
I am the custodian of the records of Franklin County Sheriff's Office, Alco Sensor IV serial# 107980. Attached hereto are 4 pages of records for Alco Sensor IV S/N# 107980 from the Franklin County Sheriff's Office for the date of December 10th, 2024. These pages for the instrument are kept by the Franklin 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


Affiant's Signature

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

My commission expires: Sep 14 2027


Notary Public





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 Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Debra J. Nielson

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

