

**RECEIVED**

By Tracy Crews at 3:00 pm, Jul 20, 2020



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 062086	PRINTER SN 84 9324 048	DATE OF INSPECTION 07/14/2020
LOCATION OF INSTRUMENT (STREET AND CITY) # 1 Bruns Lane, Union MO 63084		TIME OF INSPECTION 7 19 am

**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 # AG902302 EXP. DATE 01/23/2021

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR 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 1 103

TEST 2 103

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER 19)	0
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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).

**INSPECTING OFFICER**

SIGNATURE  
  
 TYPE II PERMIT NUMBER/EXPIRATION DATE  
 280196 05/24/2020

PRINT NAME  
 Det J Friedmann #1182  
 TELEPHONE NUMBER  
 (636) 583-2560

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01024

Temp Date Time 210L  
s/

Air Blank:

07/14/20 07:19 .000

Calibration Check:

19 07/14/20 07:19 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01025

Temp Date Time 210L  
s/

Air Blank:

07/14/20 07:21 .000

Calibration Check:

20 07/14/20 07:21 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

ASIV  
062086

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01026

Temp Date Time 210L  
s/

Air Blank:

07/14/20 07:23 .000

Calibration Check:

21 07/14/20 07:23 .103

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location

AS IV Serial no: 062086  
Version no: 532B

TEST RECORD 01027

Temp Date Time 210L  
s/

VOID: RFI

12 07/14/20 07:24

Subject Name

Test

Subject I.D.

Operator Name, I.D.

Friedmann 1182

Location



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:** 24-Jan-2019

**Lot # AG902302 Model 108cacd**

**Exp. Date**

23-Jan-2021

**Cyl. Type**

108

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

Balance

**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 ppm

0056662

150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date 2019 01 24 10 46 58 -06 00  
Reason Dry gas standard certification of analysis  
Location Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

**ISO 17025:2005 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**

**JEFFREY S FRIEDMANN**

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 5/11/2020

NUMBER 200169

EXPIRES 5/11/2022

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
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 FRIEDMANN, JEFFREY  
Permit No 200169  
Date Issued 5/11/2020 Date Expires 5/11/2022

STATE OF MISSOURI     )  
                                      )  
COUNTY OF FRANKLIN )     SS

**AFFIDAVIT FOR RECORDS**

*Before me, the undersigned authority personally appeared, Det. Jeffrey Friedmann #1182, and upon being duly sworn by me, deposed as follows:*

My name is Det. J. Friedmann #1182. 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 July 14, 2020. 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.

Det. J. Friedmann #1182

Affiant's Name – typed or printed

Det. J. Friedmann #1182  
Affiant's Signature

*In witness whereof, I have hereunto subscribed my name and affixed my official seal this*

*14 day of July, 2020.*

*My commission expires: Sep 14, 2023*

Kimberly A. Moser  
Notary Public

