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 tine Send copy to Department of Health and S				whenever instrument is repaired.		
ALCO SENSOR IV SN 099364	PRINTER SN 097 3584 339			ATE OF INSPECTION 07/14/2020		
LOCATION OF INSTRUMENT (STREET AND CITY) Franklin County Sheriff's Office #1 Bi	runs Lane, Union MO 6	3084		IME OF INSPECTION 7 20 am		
CHECKLIST: Place a mark in the box by e			iting within establish	ned limits. (Write in observed val-		
ues where determined.) Unmarked items r	nust be corrected before u	ising instrument.				
DIGITAL READOUT (ALL ELEMENTS	OPERATIONAL)					
TEMPERATURE OF ALCO SENSOR	(10°C - 40°C)					
PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROF	PERLY					
BREATH ALCOHOL ACCURACY STAND	ARDS					
SIMULATOR SOLUTION	☐ SIMULATOR SOLUTION ☐ COMPRI			SED ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER Intoximeters	·	OT # AG902302	EXP. DATE	1/23/2021		
SIMULATOR TEMPERATURE (34°C	± 0.2°C) SIM	IULATOR SN	SIMULA	TOR EXP DATE		
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 - 102	TEST 2 - 103		TEST 3 .103			
RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TO (DO NOT INCLUDE SELF-ADMINISTERS		IG RANGES SINCE	THE LAST MAIN	FENANCE REPORT:		
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0 (OVER 19) 0		
List any new parts and describe any alternestablished limits (use other side if necess		was made to restor	e the instrument to	operate satisfactorily and within		
INSPECTING OFFICER			PRINT NAME			
SIGNATURE 1727			Deputy B Erisman #1223			
YPE II PERMITUMBER/EXPIRATION DATE 200166 05/05/2022		TELEPHONE NUMBER (636) 583-2560				
	Alcohol Program, MO De James Boulevard Bluff, MO 63901	partment of Health				

AS IV Serial no: 099364 Version no: 532B TEST RECORD 00722 Temp Date Time 210L Air Blank: 07/14/20 07:20 .000 Calibration Check: 18 07/14/20 07:20 .102 Subject Name Test Subject I.D. Operator Name, I.D. . Erisman 1223 Location AS IV Serial no: 099364 Wersion no: 532B TEST RECORD 00723 Time 210L Date Air Blank: 07/14/20 07:22 .000 Calibration Check: 18 07/14/20 07:22 .103 Subject Name · Test Subject I.D. Operator Name, I.D.

· Erisman 1723

Location

ASIV 099364

AS IV Serial no: 099364
Version no: 532B

TEST RECORD 00724

Temp Date Time 210L

Air Blank: 07/14/20 07:25 .000
Calibration Check: 19 07/14/20 07:25 .103

Subject Name

Test
Subject I.D.

Operator Name, I.D.

Location

r^{im}pu Cr6

AS IV Serial no: 099364 Version no: 532B

TEST RECORD 00726

Temp Date Time 210L UOID: RFI 12 07/14/20 07:26

Subject Name

Test Subject I.B.

Operator Name, 1.D.

Erisman 1223

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 <u>Cyl. Type</u> 108

<u>Component</u> Ethanol Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Nitrogen Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	<u>Concentration</u>	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 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

QEPARTMENT-OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

BRANDON ERISMAN

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

for the determination of the elcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577,020 through 577,041, RSMo and 305.111 through 306.119 RSMo.

577,020 tradigit 57 i.o 1]	while
DATE 5/5/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
	arusta.
NUMBER 200166	ey ville
EXPIRES 5/5/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 380-0771 (10-10)



STATE OF MISSOURI)	
)	SS
COUNTY OF FRANKLIN)	

AFFIDAVIT FOR RECORDS

Before me, the undersigned authority personally appeared, Deputy B. Erisman #1223, and upon being duly sworn by me, deposed as follows:

My name is Deputy B. Erisman #1223. 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 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.

Deputy B. Erisman #1223 Affiant's Name - typed or printed

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 2003