By Tracy Crews at 7:57 am, Aug 26, 2021



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in d Send copy to Departmen					ver instrument is repaired.	
ALCO SENSOR IV SN 062086		NAME OF AGENCY Franklin County S	Sheriff's Office	DATE OF 08/03/2	INSPECTION	
LOCATION OF INSTRUMENT (i ramin county		TIME OF	INSPECTION	
1 Bruns Lane, Union M				0927 h		
where determined.) Unm	-		- · · · · · · ·	within established limits	. (Write in observed values	
DIGITAL READOUT	(ALL ELEMENTS (PERATIONAL)				
■ TEMPERATURE OF	ALCO SENSOR (1	0°C - 40°C)				
PRINTER WORKING	3 PROPERLY					
TIME AND DATE DI	SPLAYING PROPE	RLY				
BREATH ALCOHOL AC	CURACY STANDA	RDS				
☐ SIMULATOR SOLUT	ΓΙΟΝ		COMPRESSE	D ETHANOL-GAS MIXT	TURE	
■ STANDARD SUPPL	IER Intoximeters		.OT # AG017403	EXP. DATE 06/22/	2022	
☐ SIMULATOR TEMPE	ERATURE (34°C ± 0).2°C) SI	M. SN	SIM. NIST EX	P DATE	
0.080% STAND	ARD - MUST READ	BETWEEN 0.095% and BETWEEN 0.076% and BETWEEN 0.038% and	d 0.084% INCLUSIVE	 -		
TEST 1 104						
RFI DETECTOR OPE	ERATING					
INDICATE THE NUMBEI (DO NOT INCLUDE SEL			G RANGES SINCE	THE LAST MAINTENAN	NCE REPORT:	
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
List any new parts and destablished limits (use of			was made to restore	the instrument to opera	te satisfactorily and within	
INSPECTING OFFICE'R	B			PRINT NAME		
) Det. 182				Detective J Friedmann 1182		
TYPE II PERMIT NUMBER/EXPIRATION DATE 200169 05/11/2022			**************************************	TELEPHONE NUMBER		
200100 00/11/2022				(636) 583-2560		
Return completed report		lcohol Program, MO De fax, or email.	partment of Health ar	nd Senior Services, Sou	theast District Office	

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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-Jun-2020

Lot # AG017403 Model 108cacd

Exp. Date	Cyl. Type	Component	Certified Concentration
22-Jun-2022	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

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

RGM Serial No.	<u>Concentration</u>	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
<u>CRM Serial No.</u>	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Approved for Release:			

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



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 BSMo and 306 111 through 306 119 BSMo

577.020 t	through 577.041, RSMo and 306.111 through 306.111	
Date	5/11/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER	200169	fy with
EXPIRES	5/11/2022	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES LAB-4 (R6-10

MO 580-0771 (6 10)



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



FRIEDMANN, JEFFREY Operator

Permit No 200169

Date Expires 5/11/2022 Date Issued 5/11/2020

STATE OF MISSOURI)	
)	SS
COUNTY OF FRANKLIN)	

AFFIDAVIT FOR RECORDS

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

My name is Detective 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 August 3, 2021. 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.

Detective J. Friedmann #1182 Affiant's Name - typed or printed

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 3rd day of August, 2021.

My commission expires. Sep 14 80 23