



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 097411	PRINTER SN 03A.2436.096	DATE OF INSPECTION 12/06/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 4:31 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG304002</u> EXP. DATE <u>02/09/2025</u>
<input type="checkbox"/> 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 ← .098	TEST 2 ← .098	TEST 3 ← .097
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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).
Instrument meets all DHSS standards and guideline.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep.S. Plain #101/0448
TYPE II PERMIT NUMBER/EXPIRATION DATE 220007 01/06/2024	TELEPHONE NUMBER (816) 795-1960

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: 097411
Version no: 532B

TEST RECORD 01437 ^{9/}
Temp Date Time 210L

Air Blank: 12/06/23 04:31 .000
Calibration Check: 32 12/06/23 04:31 .098

Subject Name

Northy Nord.

Subject I.D.

Operator Name, I.D.

Phia 107

Location

GHG

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01438 ^{9/}
Temp Date Time 210L

Air Blank: 12/06/23 04:32 .000
Calibration Check: 32 12/06/23 04:32 .098

Subject Name

Northy Nord.

Subject I.D.

Operator Name, I.D.

Phia 107

Location

GHG

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01439 ^{9/}
Temp Date Time 210L

Air Blank: 12/06/23 04:34 .000
Calibration Check: 31 12/06/23 04:34 .097

Subject Name

Northy Nord.

Subject I.D.

Operator Name, I.D.

Phia 107

Location

GHG

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01440 ^{9/}
Temp Date Time 210L

UCID: RFI

12 12/06/23 04:35

Subject Name

Northy Nord.

Subject I.D.

Operator Name, I.D.

Phia 107

Location

GHG



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: 9-Feb-2023

Lot # AG304002 **Model** 108

Exp Date 9-Feb-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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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:02.09.2023 19:01

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
SEAN PLAIN

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 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 1/6/2022

Laura Q. Day

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220007

EXPIRES 1/6/2024

Donald A. Ramsey

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 PLAIN, SEAN
Permit No 220007
Date Issued 1/6/2022 **Date Expires** 1/6/2024





ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 097426	PRINTER SN 03A.2436.098	DATE OF INSPECTION 11/30/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, MO, 64064	TIME OF INSPECTION 10:47 pm
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG304002</u> EXP. DATE <u>02/09/2025</u>	
<input type="checkbox"/> 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 .097	TEST 2 .097	TEST 3 .096
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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	4	(0-.04)	0	(.05-.09)	1	(.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).

Instrument meets all DOHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep. C. Bennett
TYPE II PERMIT NUMBER/EXPIRATION DATE 230176 08/11/2025	TELEPHONE NUMBER 541-8017

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



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
CHRISTOPHER BENNETT

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 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 8/11/2023

NUMBER 230176

EXPIRES 8/11/2025

Mike Masman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 BENNETT, CHRISTOPHER
Permit No 230176
Date Issued 8/11/2023 **Date Expires** 8/11/2025



AS IU Serial no: 097426
Version no: 532B

TEST RECORD 01383

Temp Date Time 210L ^{g/}

Air Blank: 11/30/23 22:47 .000
Calibration Check: 23 11/30/23 22:47 .097

Subject Name Monthly Maint
Subject I.D.

TEST 1
Operator Name, I.D.
C. Bennett

Location
JCSO GHR

AS IU Serial no: 097426
Version no: 532B

TEST RECORD 01384

Temp Date Time 210L ^{g/}

Air Blank: 11/30/23 22:50 .000
Calibration Check: 23 11/30/23 22:50 .097

Subject Name Monthly Maint
Subject I.D.

TEST 2
Operator Name, I.D.
C. Bennett

Location
JCSO GHR

AS IU Serial no: 097426
Version no: 532B

TEST RECORD 01385

Temp Date Time 210L ^{g/}

Air Blank: 11/30/23 22:52 .000
Calibration Check: 25 11/30/23 22:52 .096

Subject Name Monthly Maint
Subject I.D.

TEST 3
Operator Name, I.D.
C. Bennett

Location
JCSO GHR

AS IU Serial no: 097426
Version no: 532B

TEST RECORD 01386

Temp Date Time 210L ^{g/}

VOID: RFI
12 11/30/23 22:54

Subject Name Monthly Maint
Subject I.D.

RFI TEST
Operator Name, I.D.
C. Bennett

Location
JCSO GHR



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 062087	PRINTER SN 03A.2436.036	DATE OF INSPECTION 11/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064		TIME OF INSPECTION 9:26 pm

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 # AG304002 EXP. DATE 02/09/2025
- 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 .101	TEST 2 .101	TEST 3 .100
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- 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).

Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Dep. C. Bennett #81/0481
TYPE II PERMIT NUMBER/EXPIRATION DATE 230176 08/11/2025	TELEPHONE NUMBER (816) 541-8017

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



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
CHRISTOPHER BENNETT

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 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 8/11/2023

NUMBER 230176

EXPIRES 8/11/2025

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 BENNETT, CHRISTOPHER
Permit No 230176
Date Issued 8/11/2023 **Date Expires** 8/11/2025



AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01199^{s/}
Temp Date Time 210L

Air Blank: 11/30/23 21:26 .000
Calibration Check: 21 11/30/23 21:26 .101

Subject Name
Monthly Maint
Subject I.D.

TEST 1
Operator Name, I.D.
C. Bennett

Location
DCSO GHD

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01200^{s/}
Temp Date Time 210L

Air Blank: 11/30/23 21:28 .000
Calibration Check: 22 11/30/23 21:28 .101

Subject Name
Monthly Maint
Subject I.D.

TEST 2
Operator Name, I.D.
C. Bennett

Location
DCSO GHD

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01201^{s/}
Temp Date Time 210L

Air Blank: 11/30/23 21:31 .000
Calibration Check: 23 11/30/23 21:31 .100

Subject Name
Monthly Maint
Subject I.D.

TEST 3
Operator Name, I.D.
C. Bennett

Location
DCSO GHD

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01202^{s/}
Temp Date Time 210L

VOID: RFI
12 11/30/23 21:34

Subject Name
Monthly Maint
Subject I.D.

RFI TEST
Operator Name, I.D.
C. Bennett

Location
DCSO GHD



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 111772	PRINTER SN 09B.3589.481	DATE OF INSPECTION 11/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064		TIME OF INSPECTION 8:59 pm

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 # AG304002 EXP. DATE 02/09/2025
- 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 .100	TEST 2 .100	TEST 3 .099
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- 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	2	(0-.04)	(.05-.09)	(.10-.14)	1	(.15-.19)	(OVER .19)
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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).

Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep. C. Bennett
TYPE II PERMIT NUMBER/EXPIRATION DATE 230176 08/11/2025	TELEPHONE NUMBER (816) 541-8017

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



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
CHRISTOPHER BENNETT

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 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 8/11/2023

NUMBER 230176

EXPIRES 8/11/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Daniel J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 **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 BENNETT, CHRISTOPHER
Permit No 230176
Date Issued 8/11/2023 **Date Expires** 8/11/2025





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: 9-Feb-2023

Lot # AG304002 Model 108

Exp Date 9-Feb-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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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:02.09.2023 19:01

Approved for Release: _____
Rod Marsala
 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00408 s/
Temp Date Time 210L

Air Blank: 11/30/23 20:59 .000
Calibration Check: 21 11/30/23 20:59 .100

Subject Name
Monthly Maint
Subject I.D.
TEST 1
Operator Name, I.D.
C. Bennett
Location
DCSO GHA

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00409 s/
Temp Date Time 210L

Air Blank: 11/30/23 21:01 .000
Calibration Check: 22 11/30/23 21:01 .100

Subject Name
Monthly Maint
Subject I.D.
TEST 2
Operator Name, I.D.
C. Bennett
Location
DCSO GHA

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00410 s/
Temp Date Time 210L

Air Blank: 11/30/23 21:02 .000
Calibration Check: 23 11/30/23 21:02 .099

Subject Name
Monthly Maint
Subject I.D.
TEST 3
Operator Name, I.D.
C. Bennett
Location
DCSO GHA

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00411 s/
Temp Date Time 210L

VOID: RFI
12 11/30/23 21:04

Subject Name
Monthly Maint
Subject I.D.
RFI TEST
Operator Name, I.D.
C. Bennett
Location
DCSO GHA



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 062092	PRINTER SN 03A.2436.034	DATE OF INSPECTION 11/30/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064	TIME OF INSPECTION 9:14 pm
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG304002</u> EXP. DATE <u>02/09/2025</u>
<input type="checkbox"/> 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 .099	TEST 2 .098	TEST 3 .098
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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
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).
Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep. C. Bennett #81/0481
TYPE II PERMIT NUMBER/EXPIRATION DATE 230176 08/11/2025	TELEPHONE NUMBER (816) 541-8017

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: 062092
Version no: 532B

TEST RECORD 01696 s/
Temp Date Time 210L

Air Blank: 11/30/23 21:14 .000
Calibration Check: 21 11/30/23 21:14 .099

Subject Name

Monthly Maint

Subject I.D.

TEST 1

Operator Name, I.D.

C. Bennett

Location

JCSO GHB

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01697 s/
Temp Date Time 210L

Air Blank: 11/30/23 21:16 .000
Calibration Check: 22 11/30/23 21:16 .098

Subject Name

Monthly Maint

Subject I.D.

TEST 2

Operator Name, I.D.

C. Bennett

Location

JCSO GHB

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01698 s/
Temp Date Time 210L

Air Blank: 11/30/23 21:19 .000
Calibration Check: 23 11/30/23 21:19 .098

Subject Name

Monthly Maint

Subject I.D.

TEST 3

Operator Name, I.D.

C. Bennett

Location

JCSO GHB

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01699 s/
Temp Date Time 210L

VOID: RFI
12 11/30/23 21:21

Subject Name

Monthly Maint

Subject I.D.

RFI TEST

Operator Name, I.D.

C. Bennett

Location

JCSO GHB



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II
CHRISTOPHER BENNETT

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 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 8/11/2023

NUMBER 230176

EXPIRES 8/11/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David 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 BENNETT, CHRISTOPHER
Permit No 230176
Date Issued 8/11/2023 **Date Expires** 8/11/2025





ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 111765	NAME OF AGENCY Jackson County Sheriff's Office	DATE OF INSPECTION 11/30/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064	TIME OF INSPECTION 8:31 pm
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG304002</u> EXP. DATE <u>02/09/2025</u>

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 ← .098
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- 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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(OVER .19)	1
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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).

Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep. C. Bennett #81/0481
TYPE II PERMIT NUMBER/EXPIRATION DATE 230195 08/31/2025	TELEPHONE NUMBER (816) 795-1960

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 Serial no: 111765
Version no: 532B

TEST RECORD 00637
Temp Date Time 210L s/

Air Blank: 11/30/23 20:31 .000
Calibration Check: 20 11/30/23 20:31 .099

Subject Name

Monthly Maint

Subject I.D.

TEST 1

Operator Name, I.D.

C. Bennett

Location

DCSO GHR

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00639
Temp Date Time 210L s/

Air Blank: 11/30/23 20:35 .000
Calibration Check: 21 11/30/23 20:35 .098

Subject Name

Monthly Maint

Subject I.D.

TEST 2

Operator Name, I.D.

C. Bennett

Location

DCSO GHR

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00638
Temp Date Time 210L s/

Air Blank: 11/30/23 20:33 .000
Calibration Check: 21 11/30/23 20:33 .098

Subject Name

Monthly Maint

Subject I.D.

TEST 2

Operator Name, I.D.

C. Bennett

Location

DCSO GHR

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00640
Temp Date Time 210L s/

VOID: RFI 12 11/30/23 20:36

Subject Name

Monthly Maint

Subject I.D.

RFI TEST

Operator Name, I.D.

C. Bennett

Location

DCSO GHR



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
CHRISTOPHER BENNETT

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 8/31/2023

NUMBER 230195

EXPIRES 8/31/2025

Mike Massman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nielsen

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 BENNETT, CHRISTOPHER
 Permit No 230195
 Date issued 8/31/2023 Date Expires 8/31/2025





ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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 111659	PRINTER SN 09B.3589.478	DATE OF INSPECTION 11/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 8:41 pm

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 # AG304002 EXP. DATE 02/09/2025
- 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 .100	TEST 2 .099	TEST 3 .099
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- 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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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).

Instrument meets all DOHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep. C. Bennett #81/0481
TYPE II PERMIT NUMBER/EXPIRATION DATE 230195 08/31/2025	TELEPHONE NUMBER (816) 524-4302

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: 111659
Version no: 532B

TEST RECORD 00901

Temp Date Time 210L ^{g/}

Air Blank:

11/30/23 20:41 .000

Calibration Check:

20 11/30/23 20:41 .100

Subject Name

Monthly Maint

Subject I.D.

TEST 1

Operator Name, I.D.

C. Bennett

Location

JCSO GHR

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00902

Temp Date Time 210L ^{g/}

Air Blank:

11/30/23 20:42 .000

Calibration Check:

21 11/30/23 20:42 .099

Subject Name

Monthly Maint

Subject I.D.

TEST 2

Operator Name, I.D.

C. Bennett

Location

JCSO GHR

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00903

Temp Date Time 210L ^{g/}

Air Blank:

11/30/23 20:44 .000

Calibration Check:

22 11/30/23 20:44 .099

Subject Name

Monthly Maint

Subject I.D.

TEST 3

Operator Name, I.D.

C. Bennett

Location

JCSO GHR

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00904

Temp Date Time 210L ^{g/}

VOID: RFI

12 11/30/23 20:46

Subject Name

Monthly Maint

Subject I.D.

RFI TEST

Operator Name, I.D.

C. Bennett

Location

JCSO GHR



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
CHRISTOPHER BENNETT

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 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 8/11/2023

NUMBER 230176

EXPIRES 8/11/2025

Mike Maxson

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David 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 BENNETT, CHRISTOPHER
Permit No 230176
Date Issued 8/11/2023 **Date Expires** 8/11/2025





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 111643	PRINTER SN 09B.3589.470	DATE OF INSPECTION 11/30/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 8:52 pm

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 # AG304002 EXP. DATE 02/09/2025
- 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 .101	TEST 2 .101	TEST 3 .100
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- 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)	1	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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).

Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep. C. Bennett #81/0481
TYPE II PERMIT NUMBER/EXPIRATION DATE 230176 08/11/2025	TELEPHONE NUMBER (816) 524-4302

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



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
CHRISTOPHER BENNETT

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 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 8/11/2023

NUMBER 230176

EXPIRES 8/11/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David 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 BENNETT, CHRISTOPHER
Permit No 230176
Date Issued 8/11/2023 **Date Expires** 8/11/2025





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: 9-Feb-2023

Lot # AG304002 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
9-Feb-2025	108	Ethanol Nitrogen	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: 02.09.2023 19:01

Approved for Release: _____
Rod Marsala
 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00556^{a/}
Temp Date Time 210L

Air Blank: 11/30/23 20:52 .000
Calibration Check: 20 11/30/23 20:52 .101

Subject Name
Monthly Maint
Subject I.D.
TEST 1
Operator Name, I.D.
C. Bennett
Location
CSO GHD

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00557^{a/}
Temp Date Time 210L

Air Blank: 11/30/23 20:53 .000
Calibration Check: 21 11/30/23 20:53 .101

Subject Name
Monthly Maint
Subject I.D.
TEST 2
Operator Name, I.D.
C. Bennett
Location
CSO GHD

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00558^{a/}
Temp Date Time 210L

Air Blank: 11/30/23 20:55 .000
Calibration Check: 22 11/30/23 20:55 .100

Subject Name
Monthly Maint
Subject I.D.
TEST 3
Operator Name, I.D.
C. Bennett
Location
CSO GHD

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00559^{a/}
Temp Date Time 210L

VOID: RFI
12 11/30/23 20:56

Subject Name
Monthly Maint
Subject I.D.
RFI TEST
Operator Name, I.D.
C. Bennett
Location
CSO GHD