

AS IV Serial no: 099363
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00889

Temp Date Time 210L ^{9/}

Air Blank: 05/09/23 13:38 .000

Calibration Check: 25 05/09/23 13:38 .101

Subject Name Test 1

Subject I.D. _____

Operator Name, I.D. _____

Location Dickens 210247

Location Trap F

AS IV Serial no: 099363
Version no: 532B

TEST RECORD 00890

Temp Date Time 210L ^{9/}

Air Blank: 05/09/23 13:41 .000

Calibration Check: 26 05/09/23 13:41 .100

Subject Name Test 2

Subject I.D. _____

Operator Name, I.D. _____

Location Dickens 210247

Location Trap F

AS IV Serial no: 099363
Version no: 532B

TEST RECORD 00891

Temp Date Time 210L ^{9/}

Air Blank: 05/09/23 13:43 .000

Calibration Check: 26 05/09/23 13:43 .100

Subject Name Test 3

Subject I.D. _____

Operator Name, I.D. _____

Location Dickens 210247

Location Trap F

AS IV Serial no: 099363
Version no: 532B

TEST RECORD 00892

Temp Date Time 210L ^{9/}

VOID: RFI
12 05/09/23 13:44

Subject Name RFI

Subject I.D. _____

Operator Name, I.D. _____

Location Dickens 210247

Location Trap F

RepCo Marketing Co
3101-188 Stony Brook Drive
Raleigh, NC 27604
919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing Co.
LOT NUMBER: 21001
EXPIRATION DATE: June 16, 2023 at 11:59 p.m.

RepCo Marketing Co. certifies the following:

RepCo Marketing Co. prepared, tested and supplied Lot Number 21001 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain .1222 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is June 17, 2021. The expiration date for this lot number is June 16, 2023 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Alma Palmer, Operations Manager
RepCo Marketing Co.



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



PERMIT
TYPE II
MARYLYN A. DICKENS

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 DMT

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 11/12/2021

NUMBER 210247

EXPIRES 11/12/2023

Laura E. Wag

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

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 DICKENS, MARYLYN
 Permit No 210247
 Date Issued 11/12/2021 Date Expires 11/12/2023





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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

RECEIVED

By Tracy Crews at 1:51 pm, Oct 29, 2021

APPROVED

By Brian Lutmer at 9:47 am, Nov 12, 2021

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE 290283 12/11/2021	
PRINT FULL NAME Marylyn A Dickens		TITLE Corporal	AGE 31
[REDACTED]		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/	
DEPARTMENT OR TROOP MSHP Troop F		TELEPHONE (573) 751-1000	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 2920 N. Shamrock Dr, Jefferson City, MO 65101			
EMAIL ADDRESS marylyn.dickens@mshp.dps.mo.gov			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A CHECKMARK BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
10/14	MSHP Academy	54	Intox DMT	<input checked="" type="checkbox"/>	Carver
4/16	MSHP Academy	8	ASIV w/ Printer	<input checked="" type="checkbox"/>	Cleveland
				<input type="checkbox"/>	
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. Intox DMT	12	13
2. ASIV w/ Printer	13	10
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 10/29/2021
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901