

### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

#### ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

| WELLEY Y  |   |  |                                  |                           |                               |  |                        |              |
|---|---|--|----------------------------------|---------------------------|-------------------------------|--|------------------------|--------------|
| Complete this report in Send copy to Department     | duplicate at the time<br>nt of Health and Sei         | e of the regular mo<br>nior Services; retair | nthly preventation               | ve mainter<br>artment fil | nance check, a                | nd when  | ever instrument i      | is repaired. |
| ALCO SENSOR IV SN<br>Nixa 107987                    |   | NAME OF AGEN<br>Nixa Police                  | icy<br>Department                |                           |                               |  | F INSPECTION<br>3/2023 |              |
| LOCATION OF INSTRUMENT 715 W Center Circle,         | (STREET AND CITY)<br>Nixa, MO 65714                   |  | <u> </u>                         |                           |                               |  | F INSPECTION           |              |
| CHECKLIST: Place a ma<br>where determined.) Unm     | ark in the box by each                                | h item if found to be                        | e satisfactory or i              | if operating              | g within establis             |  |                        | ved values   |
| ☑ DIGITAL READOUT                                   |   |  |                                  | •••                       |                               |  |                        |              |
| ☑ TEMPERATURE OF                                    | ALCO SENSOR (   | 10°C - 40°C)                                 |                                  |                           | -                             |  |                        |              |
| PRINTER WORKING                                     | G PROPERLY  |  |                                  |                           |                               |  |                        | -            |
| ☑ TIME AND DATE DI                                  | SPLAYING PROPE  | RLY  |                                  |                           |                               |  |                        |              |
| BREATH ALCOHOL AC                                   | CURACY STANDA   | RDS  |                                  |                           |                               | The second state of the second |                        |              |
| ☑ SIMULATOR SOLU                                    | TION  |  |                                  | MPRESSE                   | ED ETHANOL-G                  | GAS MIX  | TURE                   |              |
| ☑ STANDARD SUPPL                                    | IER ACS   |  | LOT # 202                        | 205A                      | EXP. DATE                     | <u> 05/17/</u>   | /2024                  |              |
| SIMULATOR TEMP                                      | ERATURE (34°C ± 0                                     | 0.2°C)34.0                                   | _ SIM. SN                        | MP 553                    | 37SIM.                        | NIST EX  | (P DATE <u>07/19/</u>  | /2024        |
| ☐ 0.080% STAND.                                     | ARD - MUST READ<br>ARD - MUST READ<br>ARD - MUST READ | BETWEEN 0.0959<br>BETWEEN 0.0769             | % and 0.105% I<br>% and 0.084% I | NCLUSIV<br>NCLUSIV        | E<br>E                        |  |                        |              |
| TEST 1 🖝 .100                                       |   | TEST 2 .099                                  |                                  |                           | TEST 3 🖛 .1                   | 00   |                        |              |
| RFI DETECTOR OPE                                    | ERATING   |  |                                  |                           |                               |  |                        |              |
| INDICATE THE NUMBER<br>(DO NOT INCLUDE SEL          | R OF BREATH TES<br>F-ADMINISTERED                     | TS IN THE FOLLO                              | WING RANGE                       | S SINCE                   | THE LAST MAI                  | INTENA   | NCE REPORT:            |              |
| REFUSALS 0  | (004) 0   | (.0509) 0                                    | (.1014)                          | 0                         | (.1519)                       | 0  | (OVER .19)             | 0            |
| List any new parts and destablished limits (use oth | escribe any alterationer side if necessary            | on or modification t                         | that was made t                  | o restore                 | the instrument                | to opera   | te satisfactorily a    | and within   |
| INSPECTING STFICER SIGNATURE                        |   |  |                                  | ı                         |                               |  |                        | 100          |
| SIGNATURE 40  | 3   |  |                                  |                           | PRINT NAME Sgt. J Barton      |  |                        | Ī            |
| TYPE II PERMIT NUMBER/EXPIRATION 230030 02/17/2025  | ON DATE   |  |                                  |                           | TELEPHONE NUMBER (417) 725-25 | R  | VII.                   |              |
| Return completed repor                              | t to the: Breath Al<br>by mail, f                     | cohol Program, MC<br>ax, or email.           | Department of                    | Health an                 |                               |  | theast District Off    | fice         |

# Nixa Police Department

# Calibration Check slip's

| AS IV Serial no: 107987<br>Version no: 532B             |
|---|
| TEST RECORD 02034                                       |
| 9/<br>Temp Date Time 210L                               |
| Air Blank:<br>08/23/23 03:12 .000<br>Calibration Check: |
| 24 08/23/23 03:12 .100                                  |
| Subject Name  |
| TEST 1  |
| Subject I.D.  |
| Operator Name, I.D.                                     |
| Location 403  |
|   |
|   |
|   |

|        | Serial<br>on no:                       |         | 7987  |
|--------|--|---------|---|
| TE     | ST RECO                                | RD 020  |   |
| Cemp   | Date                                   | Time    | 9/<br>210L  |
| Calibr | lank:<br>3/23/23<br>ation (<br>3/23/23 | Check:  |   |
| ,      | ct Name                                |         |   |
|        | <u>est 2</u><br>t 1.D.                 |         |   |
| )peral | or Name                                | ∋, I.D. |   |
| Locat: | ight)                                  | 403     | • <del>************************************</del> |
|        |  |         |   |

| * 1        |  |                |          |
|------------|--|----------------|----------|
| AS IV      | / Serial<br>ion no:                      | no: 10<br>532B | 7987     |
| TI         | ST RECO                                  | RD 020         | 36<br>9/ |
| Temp       | Date                                     | Time           |          |
| 0<br>Calib | lank:<br>18/23/23<br>ration (<br>8/23/23 | Check:         |          |
| . •        | ct Name<br><i>Test :</i><br>ct J.D.      | 3              |          |
|            | tor Name                                 |                |          |
| Locat      | ior                                      | <u> </u>       |          |
|            |  |                |          |
|            |  |                |          |

# Nixa Police Department

# RFI Evidence slip

|   | Serial<br>on no: |         | 7987              |
|---|------------------|---------|-------------------|
| TE                                      | ST RECO          | RD 020  |                   |
| Temp                                    | Date             | Time    | 9/<br>210L        |
| VOID:<br>12 0                           | RFI<br>8/23/23   | 03:18   | man PAP half that |
| Subje                                   | ct Name          |         |                   |
|   | RFI              |         |                   |
| Subje                                   | ct I.D.          |         |                   |
| Opera                                   | tor Name         | e, I.D. |                   |
| _ <                                     | =)/              | ) 403   |                   |
| Locat                                   | igh C            |         |                   |
| • |                  |         |                   |
|   |                  |         |                   |

### Nixa Police Department

### Blank (Zero) test Evidence slip

| AS IV 9<br>Version | erial<br>no:    | no: 10<br>532B         | 7987       |
|--------------------|-----------------|------------------------|------------|
| TES                | RECOR           | RD 020                 |            |
| Temp               | Date            | Time                   | 9/<br>210L |
| Subject            | '23/23<br>Test: | 03:20<br>Auto<br>03:20 |            |
|                    | ANK             |                        |            |
| Bubject            | I.D.            |                        |            |
| Operato            | r Name          | , I.D.<br>— 44         | 3          |
| Locatio            |                 |                        | 1<br>1     |
|                    | ····            |                        |            |



Alcohol Countermeasure Systems Corp 60 International Bouleyard Toronto, Ontario MOW 6J2 CANADA aos-corp.com

### Reference Material Certificate of Analysis

Product Identification: Alcohol Reference Solution (ARS) ORM: Ethanol in aqueous solution Reference concentration: 1,2100 g/L Analytical concentration: 1,2153 g/L Batch size: 2291 bottles Lot number: 202205A Date of production: 2022,05,17 (yyyy,mm,dd)

This certificate covers the production, analysis and certification of the Certified Reference Material (CRM) manufactured by Alcohol Countermeasure Systems Corp (ACS), located at 60 International Boulevard, Toronto, ON MeW 612 CANADA.

This metrology laboratory is adoredited in accordance with international standards ISO/IEC. 17025:2017 for competence of testing and calibration laboratories, and ISO/IEO 17034:2016 for the competence of reference material producers, demonstrating technical competence within the defined scope and the operation of a laboratory quality management system.

The analysis for certification of each lot of ARS is conducted within ACS forensic laboratory by an independent chemist using the direct injection, flame ionization gas chromatographic procedure coupled with the internal standard technique commensurate with forensic alcohol analysis.

This certificate is valid only for the ARS lot number identified above and does not extend to any other production lot of alcohol reference solution.

This certificate may only be reproduced in full.





For and on behall of the company, ALCOHOL COUNTERMEASURE SYSTEMS CORP.

Fellx JE Comeau, B.So (Honoure) Laboratory Director



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



### PERMIT TYPE II

#### JOSHUA C. BARTON

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 \_\_\_\_2/17/2023 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY NUMBER 230030 EXPIRES 2/17/2025 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES MO 680-0771 (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 stochol Instrument for the determination of the elcoholic content in breath form of expired air in Missauri.

Operator BARTON, JOSHUA Permit No 230030

Date Issued 2/17/2023

Date Expires 2/17/2026

