



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 02/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 8:17 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	1	(0-.04)	0	(.05-.09)	0	(.10-.14)	4	(.15-.19)	1	(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 guideline.

INSPECTING OFFICER

SIGNATURE C. Bennett #81/0481	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
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01459 s/
Temp Date Time 210L

Air Blank: 02/06/24 20:17 .000
Calibration Check: 23 02/06/24 20:17 .100

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01460 s/
Temp Date Time 210L

Air Blank: 02/06/24 20:19 .000
Calibration Check: 24 02/06/24 20:19 .100

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01461 s/
Temp Date Time 210L

Air Blank: 02/06/24 20:21 .000
Calibration Check: 25 02/06/24 20:21 .099

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01462 s/
Temp Date Time 210L

VOID: RFI
12 02/06/24 20:23

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ



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 Massa

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 230195
Date Issued 8/31/2023 **Date Expires** 8/31/2025





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 111659	PRINTER SN 09B.3589.478	DATE OF INSPECTION 02/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 8:17 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<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 _____

<input checked="" type="checkbox"/> 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)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➔ .104	TEST 2 ➔ .104	TEST 3 ➔ .103
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<input checked="" type="checkbox"/> 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	6	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	1	(OVER .19)	3
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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 ▶ <i>C. Bennett #81/0481</i>	PRINT NAME Dep. C. Bennett #81/0481
---	--

TYPE II PERMIT NUMBER/EXPIRATION DATE 230195 08/31/2025	TELEPHONE NUMBER (816) 524-4302
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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 00923
Temp Date Time 210L

Air Blank:
02/06/24 15:32 .000
Calibration Check:
17 02/06/24 15:32 .104

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00924
Temp Date Time 210L

Air Blank:
02/06/24 15:36 .000
Calibration Check:
18 02/06/24 15:36 .104

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00925
Temp Date Time 210L

Air Blank:
02/06/24 15:38 .000
Calibration Check:
19 02/06/24 15:38 .103

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00926
Temp Date Time 210L

UOIID: RFI
12 02/06/24 15:40

Subject Name

Test

Subject I.D.

RFI

Operator Name, I.D.

BENNETT 230195

Location

JCSO GHQ



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, 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

Mike Massman
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230195

Paula J. Nicholson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/31/2025

 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



AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00435
s/
Temp Date Time 210L

VOID: RFI
12 02/06/24 16:24
Subject Name
Test

Subject I.D.
RFI
Operator Name, I.D.
Bennett

Location
SCSO GHQ

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00434
s/
Temp Date Time 210L

Air Blank:
02/06/24 16:23 .000
Calibration Check:
23 02/06/24 16:23 .100
Subject Name
Test

Subject I.D.
3
Operator Name, I.D.
Bennett 230195

Location
SCSO GHQ

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00433
s/
Temp Date Time 210L

Air Blank:
02/06/24 16:21 .000
Calibration Check:
23 02/06/24 16:21 .100
Subject Name
Test

Subject I.D.
2
Operator Name, I.D.
Bennett 230195

Location
SCSO GHQ

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00432
s/
Temp Date Time 210L

Air Blank:
02/06/24 16:19 .000
Calibration Check:
22 02/06/24 16:19 .101
Subject Name
Test

Subject I.D.
1
Operator Name, I.D.
Bennett 230195

Location
SCSO GHQ



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, 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

Mike Massman
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230195

Paula J. Rickelson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/31/2025

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**





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 111765	NAME OF AGENCY Jackson County Sheriff's Office	DATE OF INSPECTION 02/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064		TIME OF INSPECTION 4:34 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) 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	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 C. Bennett #81/0481	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 00649 s/
Temp Date Time 210L

VOID: RFI
12 02/06/24 16:39

Subject Name
Test

Subject I.D.
RFI

Operator Name, I.D.
Bennett 230195

Location
JCSO GHQ

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00648 s/
Temp Date Time 210L

Air Blank:
02/06/24 16:37 .000

Calibration Check:
23 02/06/24 16:37 .098

Subject Name
Test

Subject I.D.
3

Operator Name, I.D.
Bennett 230195

Location
JCSO GHQ

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00647 s/
Temp Date Time 210L

Air Blank:
02/06/24 16:36 .000

Calibration Check:
22 02/06/24 16:36 .098

Subject Name
Test

Subject I.D.
2

Operator Name, I.D.
Bennett 230195

Location
JCSO GHQ

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00646 s/
Temp Date Time 210L

Air Blank:
02/06/24 16:34 .000

Calibration Check:
21 02/06/24 16:34 .099

Subject Name
Test ~~RFI~~

Subject I.D.
1

Operator Name, I.D.
Bennett 230195

Location
JCSO GHQ



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



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

Mike Massman
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230195

Paula J. Nicholson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/31/2025

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





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 062092	PRINTER SN 03A.2436.034	DATE OF INSPECTION 02/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064		TIME OF INSPECTION 4:53 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

<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 ← .101	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	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 ▶ <i>C. Bennett #81/0481</i>	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 01705
Temp Date Time 210L

Air Blank: 02/06/24 16:56 .000
Calibration Check: 21 02/06/24 16:56 .100

Subject Name
Subject I.D.

Operator Name, I.D.
Location

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01706
Temp Date Time 210L

Air Blank: 02/06/24 16:59 .000
Calibration Check: 23 02/06/24 16:59 .099

Subject Name
Subject I.D.

Operator Name, I.D.
Location

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01708
Temp Date Time 210L

VOID: RFI
12 02/06/24 17:01

Subject Name
Subject I.D.

Operator Name, I.D.
Location

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 01704
Temp Date Time 210L

Air Blank: 02/06/24 16:53 .000
Calibration Check: 20 02/06/24 16:53 .101

Subject Name
Subject I.D.

Operator Name, I.D.
Location



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, 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. 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 **230195**
 Date Issued **8/31/2023** Date Expires **8/31/2025**





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 062087	PRINTER SN 03A.2436.036	DATE OF INSPECTION 02/06/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064	TIME OF INSPECTION 5:28 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
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<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 ➔ .101	TEST 2 ➔ .101	TEST 3 ➔ .101
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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 <i>C. Bennett #81/0481</i>	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: 062087
Version no: 532B

TEST RECORD 01211^{s/}

Temp Date Time 210L

VOID: RFI
12 02/06/24 17:36

Subject Name
Test

Subject I.D.
RFI

Operator Name, I.D.
Bennett 230195

Location
SCSO GHA

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01210^{s/}

Temp Date Time 210L

Air Blank:
02/06/24 17:33 .000

Calibration Check:
23 02/06/24 17:33 .101

Subject Name
Test

Subject I.D.
3

Operator Name, I.D.
Bennett 230195

Location
SCSO GHA

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01209^{s/}

Temp Date Time 210L

Air Blank:
02/06/24 17:30 .000

Calibration Check:
23 02/06/24 17:30 .101

Subject Name
Test

Subject I.D.
2

Operator Name, I.D.
Bennett 230195

Location
SCSO GHA

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01208^{s/}

Temp Date Time 210L

Air Blank:
02/06/24 17:28 .000

Calibration Check:
22 02/06/24 17:28 .101

Subject Name
Test

Subject I.D.
1

Operator Name, I.D.
Bennett 230195

Location
SCSO GHA



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

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230195

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/31/2025

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





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 02/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 7:37 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .102	TEST 2 ➡ .102	TEST 3 ➡ .102
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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)	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 C. Bennett #81/0481	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

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00569
Temp Date Time 210L

VOID: RFI
12 02/06/24 19:43

Subject Name
Test

Subject I.D.
RFI
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00568
Temp Date Time 210L

Air Blank:
02/06/24 19:42 .000
Calibration Check:
21 02/06/24 19:42 .102

Subject Name
Test
Subject I.D.
3
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00567
Temp Date Time 210L

Air Blank:
02/06/24 19:41 .000
Calibration Check:
20 02/06/24 19:41 .102

Subject Name
Test
Subject I.D.
2
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00566
Temp Date Time 210L

Air Blank:
02/06/24 19:37 .000
Calibration Check:
18 02/06/24 19:37 .102

Subject Name
Test
Subject I.D.
1
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHQ



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, 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

Douglas J. Rickelson

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 097426	PRINTER SN 03A.2436.098	DATE OF INSPECTION 02/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, MO, 64064		TIME OF INSPECTION 7:55 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➔ .101	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	3	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.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 ▶ <i>C. Bennett #51/2451</i>	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

AS IV Serial no: 097426
Version no: 532B
TEST RECORD 01406 a/
Temp Date Time 210L
VOID: RFI
12 02/06/24 20:05
Subject Name
TEST
Subject I.D.
RFI
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHA

AS IV Serial no: 097426
Version no: 532B
TEST RECORD 01405 a/
Temp Date Time 210L
Air Blank:
02/06/24 20:02 .000
Calibration Check:
22 02/06/24 20:02 .099
Subject Name
TEST
Subject I.D.
3
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHA

AS IV Serial no: 097426
Version no: 532B
TEST RECORD - REPRINT
TEST RECORD 01404 a/
Temp Date Time 210L
Air Blank:
02/06/24 19:57 .000
Calibration Check:
-20 02/06/24 19:57 .100
Subject Name
TEST
Subject I.D.
2
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHA

AS IV Serial no: 097426
Version no: 532B
TEST RECORD 01403 a/
Temp Date Time 210L
Air Blank:
02/06/24 19:55 .000
Calibration Check:
19 02/06/24 19:55 .101
Subject Name
TEST
Subject I.D.
1
Operator Name, I.D.
BENNETT 230195
Location
SCSO GHA



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

Mike Massman
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230195

Paula J. Nielson
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 8/31/2025

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

