

By Stephen Wilson at 8:39 am, May 13, 2020

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

/ HALTERS									
Complete this report in duplicate a Send copy to Department of Health							d whenev	ver instrument is	repaired,
ALCO SENSOR IV SN 062087		PRINTER SI 03A.243					DATE OF 05/12/	INSPECTION /2020	
LOCATION OF INSTRUMENT (STREET AND CITY)  4001 NE Lakewood Court  TIME OF INSPECTION 7:30 pm									
CHECKLIST: Place a mark in the b						ng within establi	shed limi	its. (Write in obse	rved val-
ues where determined.) Unmarked	items must	be corrected	d before u	using instrume	ent.				
DIGITAL READOUT (ALL ELE	MENTS OF	ERATIONAL	.)						
TEMPERATURE OF ALCO SE	NSOR (10°	°C - 40°C)							
PRINTER WORKING PROPE	RLY								
☑ TIME AND DATE DISPLAYING									
BREATH ALCOHOL ACCURACY	STANDARI	os			- 57				
☐ SIMULATOR SOLUTION				☑ COMP	RESSE	D ETHANOL-G	AS MIXT	URE	
STANDARD SUPPLIER Intox	imeters			OT # AG006	306	EXP. DATE	03/03/2	2022	
SIMULATOR TEMPERATURE	(34°C ± 0.2	2°C)	SIM	IULATOR SN		SIMU	LATOR E	EXP DATE	
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     .104	Т	EST 2 🖝 .1	04			TEST 3 🖝 .10	03		
☑ RFI DETECTOR OPERATING									
INDICATE THE NUMBER OF BRE (DO NOT INCLUDE SELF-ADMIN			DLLOWIN	IG RANGES	SINCE	THE LAST MAI	NTENAN	NCE REPORT:	
REFUSALS 0 (004)	0	(.0509)	0	(.1014)	0	(.1519)	0	(OVER .19)	0
List any new parts and describe a			tion that	was made to	restore	the instrument	to opera	te satisfactorily a	nd within
established limits (use other side if									
Instrument meets all DOHSS s	tandards a	nd guideline	es. Time	rest for DS	Γ				
INSPECTING OFFICER	11								
SIGNATURE	5					PRINT NAME D. LOVE #6	1		
TYPE II PERMIT NUMBER/EXPIRATION DATE 200052/01-10-2022						TELEPHONE NUMBE (816) 795-19			
Return completed report to the:	2875 Jame	es Boulevard		partment of H	lealth a	nd Senior Servi	ces, Sou	theast District Of	fice
I	Donlar Div	# MAC COOCH	I						

AS IV Serial no: 062087 Version no: 532B TEST RECORD 00892

Calibration Check: 19 85/12/20 19:31 .184 M5/12/20 19:31 .000

Temp Date Time 2181

Subject Name

Subject I.D. Month. Moint-

Deerator Name, I.D.

De D.B. Jose \$200 852

GHQ-5050

Air Blank: 05/12/20 19:34 .000 Calibration Check: 2: 05/12/20 19:34 .104 AS IV Serial no: 062087 Version no: 532B Temp Bate Time 2101 TEST RECORD 00893

Mont Name Maint 

Terator Masses

Dep. D.B. Love \$ 20058 GHQ-JCSO

AS IV Serial no: 062087 Version no: 532B

TEST RECORD 00094

AS IV Serial no: 062087 Version no: 532B

Tenr Bate Time N E

SCHOOL NAME

Operator Name, I.I.

G410-5C50

95/12/20 19:37 .800 Calibration Check: 22 05/12/20 19:37 .183

UDID: RFI 12 05/12/28 19:40

Temp Rate Time 2.0L

TEST RECORD 80895

Month - Mont.

Dig D.B. Love \$70052

Terator Vame, I.D.

Subject Name Subject I.D. Month Maint.

Beg. D.B. Love #2000000



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II DUSTIN B. LOVE

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.

DATE1/10/2020	we in the		
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200052			
EXPIRES 1/10/2022	fill willen		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
	LAD A dic 45		

MO 580-0771 (G-10)

LAB-4 (RG-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired ali in Missouri.

Operator LOVE, DUSTIN

Permit No 200052 Date Issued 1/10/2020 D

ate Issued 1/10/2020 Date Expires 1/10/2022





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: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date 3-Mar-2022 **Cyl. Type** 108

Component Ethanol Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

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

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2020.03.05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala



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

Complete this report in duplicate at the time of t Send copy to Department of Health and Senior S				l whenev	er instrument is repaired.
ALCO SENSOR IV SN 111765	PRINTER SN 09B.3589.431			DATE OF I 05/12/2	NSPECTION 2020
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Court Lee's Summit M	lissouri 64064			TIME OF IT 7:53 pt	NSPECTION <b>M</b>
CHECKLIST: Place a mark in the box by each it ues where determined.) Unmarked items must be			g within establi	shed limit	ts. (Write in observed val-
☑ DIGITAL READOUT (ALL ELEMENTS OPE		ang med amond			
✓ TEMPERATURE OF ALCO SENSOR (10°C)	C - 40°C)				
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPERLY	1				
BREATH ALCOHOL ACCURACY STANDARDS	S				
SIMULATOR SOLUTION		☑ COMPRESSE	D ETHANOL-G	AS MIXT	URE
STANDARD SUPPLIER Intoximeter	L(	OT # AG006306	EXP. DATE	03/03/2	022
SIMULATOR TEMPERATURE (34°C ± 0.2°	°C)SIMU	JLATOR SN	SIMUI	ATOR E	XP DATE
Run three tests using a standard solution. A less. Check the box corresponding to the standard of the standard	andard solution being ETWEEN 0.095% and ETWEEN 0.076% and	used. (PRINTOUT A I 0.105% INCLUSIVE I 0.084% INCLUSIVE	TTACHED) E E	ind must	have a spread of .005 or
TEST 1 <b>☞</b> .098	ST 2 🖛 .097		TEST 309	)7	
RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		G RANGES SINCE 1	THE LAST MAI	NTENAN	CE REPORT:
REFUSALS 0 (004) 0 (	(.0509)	(.1014) 0	(.1519)	0	(OVER .19) 0
List any new parts and describe any alteration established limits (use other side if necessary).  Instrument meets all DOHSS standards an		vas made to restore	the instrument	to operati	e satisfactorily and within
INSPECTING OFFICER					
SIGNATURE			DEP. D. LOV	/E #61	
TYPE II PERMIT NUMBER/EXPIRATION DATE 200052/01-10-2022			(816) 524-43		
Return completed report to the: Breath Alcol 2875 James Poplar Bluff,		partment of Health ar	nd Senior Servio	ces, Sout	heast District Office

AS IV Serial no: 111765 Version no: 532B

Air Blank: 05/12/20 19:53 .000 Calibration Check: 22 05/12/20 19:53 .098 Temp Date Time 210L TEST RECORD 00102

Subject Name Meint.

Subject I.D.

GHQ-JYSO Operator Name, I.D. Dep. D.B. Lore #lansa

AS IV Serial no: 111765 Version no: 532B

TEST RECORD 88183

Air Blank: 05/12/20 19:55 .000 Calibration Check: 23 05/12/20 19:55 .097 Temp Date Time 210L

Subject Name

Month. Meint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love + Does

G40-3550

Operator Name, I.D.

Dep. D.B. Lac #2005

AS IV Serial no: 111765 Version no: 532B

91 7

TEST RECORD 00104

Temp Date Time 2181

Air Blank: 05/12/20 19:57 .000 Calibration Check: 23 05/12/20 19:57 .097

Subject Name

Mon K. Monnt.

Subject I.D.

Operator Mame, I.D.

AS IU Serial no: 111765 Version no: 532B

TEST RECORD 00105

Temp Date Time 210L

UOID: RFI 12 05/12/20 19:59

Subject Name Moint.

100 D.B. Love Location #20050



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: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

3-Mar-2022

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

150.2 ppm

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm

0056662

**Analytical Method:** 

CC234503

**NDIR** 

253.0 ppm

Digitally signed by Quality Control Date: 2020.03.05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II DUSTIN B. LOVE

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.

DATE1/10/2020	we have			
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY			
NUMBER 200052				
EXPIRES 1/10/2022	fill delle			
SON PORT AND ADDITION OF THE PROPERTY OF THE P	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES			

MO 580-0771 (6-10)

LAB-4 (RG-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator LOVE, DUSTIN Permit No 200052





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

Complete this report in duplicate at the time of the Send copy to Department of Health and Senior S	·		wheneve	er instrument is rep	paired.	
ALCO SENSOR IV SN 111659	PRINTER SN 09B.3589.478		DATE OF II 05/12/2	nspection 2020		
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit	t, Mo 64064		TIME OF IN 7:04 pi	NSPECTION M		
	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 OPE						
☑ TEMPERATURE OF ALCO SENSOR (10°C	- 40°C)					
PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROPERLY						
BREATH ALCOHOL ACCURACY STANDARDS						
SIMULATOR SOLUTION	☑ COMPRESSE	D ETHANOL-G	AS MIXT	JRE		
STANDARD SUPPLIER Intoximeters	LOT # AG006306	EXP. DATE	03/03/2	022		
SIMULATOR TEMPERATURE (34°C ± 0.2°C	C) SIMULATOR SN	SIMUI	LATOR E	XP DATE	4	
0.080% STANDARD - MUST READ BE		ATTACHED) E E	and must	have a spread of .	.005 or	
TEST 1   .105	ST 2 🕶 .104	TEST 3 🕶 .10	)4			
☑ RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TEST)		THE LAST MAI	NTENAN	CE REPORT:		
REFUSALS 0 (004) 0 (.	0509) 0 (.1014) 0	(.1519)	1	(OVER .19)	0	
List any new parts and describe any alteration of established limits (use other side if necessary).	or modification that was made to restore	the instrument	to operate	e satisfactorily and	d within	
Instrument meets all DOHSS standards and guidelines. Time change for DST						
INSPECTING OFFICER SIGNATURE		PRINT NAME D. LOVE #61	1	16、三人(文)(当))		
TYPE II PERMIT NUMBER/EXPIRATION DATE 200052/01-10-2022		TELEPHONE NUMBE (816) 524-43	iR .			
		L		heast District Office	е	

Wersion not 5328

7EST RECORD 08472

Air Blank: 65/12/28 19:84 .888 Calibration Check: 18 05/12/20 19:84 105 5 5 

STATE NAME

Month . Moint

Operator Name, 1.D.

Drp. D.B. Love # Jacosa

6 HQ - 5CSO

Uersian not 5328

TEST RECORD - REPRINT

E100 RECORD 68473

Calibration Check! 19 05/12/20 19:86 .184 Air Blank: 05/12/20 19:86 .888 FORE (0.5) (0.5) (1) (1) e E S

OCT TO Name

Mondh Maint

Dec. D. B. Love \$10000 Perator Mames I.D.

6HQ-5050

AS IV Serial no: 11639

TEST RECORD SSA74

AS IV Serial no: 111659 Version no: 5328

Calibration Check: 21 95/12/20 19:12 .104 Air Blank: 05/12/28 19:12 . 888 Date Time 216L

Subject Name

VOID: RTI 12 15/12/20 19:10

Tempo Date Tivo Zidi

THE RECENT 284V5

Month. Marat.

Dep. D.B. Love # Mago Operator Name, I.D.

64Q-5cs

Month. Maint.

Deg. P.B. Love Down

GHQ - SCSO



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: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date 3-Mar-2022 **Cyl. Type** 108

Component Ethanol **Certified Concentration** 

0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No. CC434668 CC234503	Concentration 800.0 ppm 253.0 ppm	CRM Serial No. 0056649 0056662	Concentration 390.1 ppm 150.2 ppm

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2020.03.05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# **DUSTIN B. LOVE**

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.

DATE1/10/2020	white
	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 200052	
EXPIRES 1/10/2022	to I william
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (5-10)

LAB 4 (PG-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Misseuri.

Operator LOVE, DUSTIN Permit No 200052





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

Complete this report in duplicate at the time of Send copy to Department of Health and Senio				whenev	er instrument is repaired.
ALCO SENSOR IV SN 111772	PRINTER SN 09B.3589.481			05/12/2	NSPECTION 2020
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Lee's Summit Misso	ouri 64064			TIME OF IN 8:10 pi	NSPECTION M
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 OF	PERATIONAL)	_			
TEMPERATURE OF ALCO SENSOR (10	°C - 40°C)				
PRINTER WORKING PROPERLY					
☑ TIME AND DATE DISPLAYING PROPER	LY				
BREATH ALCOHOL ACCURACY STANDAR	DS				
SIMULATOR SOLUTION		☑ COMPRESSE	D ETHANOL-G	AS MIXT	URE
STANDARD SUPPLIER Intoximeters	L(	OT # AG006306	EXP. DATE	03/03/2	022
SIMULATOR TEMPERATURE (34°C ± 0.	2°C) SIMI	JLATOR SN	SIMU	LATOR E	XP DATE
Run three tests using a standard solution. less. Check the box corresponding to the control of t	standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	used. (PRINTOUT A I 0.105% INCLUSIVE I 0.084% INCLUSIVE	TTACHED) E E		navo a opioad or 1000 or
TEST 1    .101	TEST 2   .101		TEST 3 🖝 .10	01	
RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TEST		G RANGES SINCE	THE LAST MAI	NTENAN	CE REPORT:
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19) 0
List any new parts and describe any alteration established limits (use other side if necessary Instrument meets all DOHSS standards a	n or modification that v		1	to operat	
INSPECTING OFFICER	1			Marie II	
SIGNATURE PRINT NAME DEP. D. LOVE #61					
TYPE II PERMIT NOMBERIC PILATEN DATE 200052/01/10/2022	eso Eb		TELEPHONE NUMBE (816) 524-43	R	
Return completed report to the: Breath Ale 2875 Jam	cohol Program, MO Del nes Boulevard uff, MO 63901	partment of Health a	<u> </u>		heast District Office

AS IV Serial no: 1117/2 Version no: 532B	TEST RECORD - REPRINT	TEST RECORD 00127	Temp Date Time 210L	Air Blank: 85/12/20 20:08 .000	Calibration Check: 23 85/12/20 20:08 .101

Subject Name
Subject I.D.

Operator Name, I.D.

Location

Location

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00128

Temp Date Time 210L
Air Blank:
Air Blank:
65/12/20 20:11 .000
Calibration Check:
24 05/12/20 20:11 .101

Subject Name
Month. Maint

Subject I.D.

Operator Name, 1.11. #

Dec. D.B. Lovele

Location

AS IV Serial no: 111772 Version no: 532B TEST RECORD 00129

9/

Temp Date Time 210L

Air Blank:
65/12/20 20:13 .000

Calibration Check:
25 05/12/20 20:13 .101

Subject Name
Mansk. Mein
Subject I.D.

Operator Name, 1.B.

De. D. B. Jour Zones A.

Location

AS IV Serial no: 111772 Version no: 5328 TEST RECORD 00130 9/ Temp Date Time 2101 001D: RFI 12 05/12/20 20:15

Subject Name Meins

Subject I.D.

Orerator Name, I.D.

De. D.S. Low + 2005
Location

6HQ -5050



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: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date 3-Mar-2022 Cyl. Type 108

Component Ethanol

**Certified Concentration** 0.100 ± 2% BrAC (272 ppm)

Balance

Nitrogen

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
ODM O - vi-LNI-	On the state of the state of	ODM O SALM	0

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2020.03.05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II DUSTIN B. LOVE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

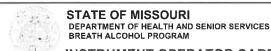
## ALCO-SENSOR IV WITH PRINTER

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.

hu no		
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
523408		
for the della		
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (5-10)

LAB 4 (P6-10)



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

LOVE, DUSTIN

Permit No 200052

Date Issued 1/10/2020 Date Expires 1/10/2022





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

REPORT #7

A WHITTEN			
Complete this report in duplicate at the time of Send copy to Department of Health and Senio			d whenever instrument is repaired.
ALCO SENSOR IV SN 062092	PRINTER SN 03A.2436.036		DATE OF INSPECTION 05/12/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MC	64064		TIME OF INSPECTION 8:00 pm
CHECKLIST: Place a mark in the box by each	item if found to be satisfactory or	if operating within estab	lished limits. (Write in observed val-
ues where determined.) Unmarked items must			,
DIGITAL READOUT (ALL ELEMENTS OF			
TEMPERATURE OF ALCO SENSOR (10	°C - 40°C) 33°		
PRINTER WORKING PROPERLY			
☐ TIME AND DATE DISPLAYING PROPERI	LY		
BREATH ALCOHOL ACCURACY STANDARI	DS		
SIMULATOR SOLUTION	☑ con	MPRESSED ETHANOL-G	GAS MIXTURE
STANDARD SUPPLIER Intoximeters	LOT # AG0	06306 EXP. DATI	E 03/03/2022
SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) SIMULATOR S	SN SIMU	JLATOR EXP DATE
less. Check the box corresponding to the s 0.100% STANDARD - MUST READ B 0.080% STANDARD - MUST READ B 0.040% STANDARD - MUST READ B	BETWEEN 0.095% and 0.105% I BETWEEN 0.076% and 0.084% I	NCLUSIVE NCLUSIVE	
TEST 1 <b>☞</b> .104	EST 2 🖛 .103	TEST 3 <b>☞</b> .1	02
RFI DETECTOR OPERATING			
INDICATE THE NUMBER OF BREATH TEST		S SINCE THE LAST MA	INTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED T	ESTS)	1	
REFUSALS 0 (004) 0	(.0509) 0 (.1014)	0 (.1519)	(OVER .19) 0
List any new parts and describe any alteration established limits (use other side if necessary)		to restore the instrument	to operate satisfactorily and within
Instrument meets all DOHSS standards a			
	and galdennes.		5
	76		
INSPECTING OFFICER	是 HI 的 用 就是 10年 年 12 10 10 10 10 10 10 10 10 10 10 10 10 10		
SIGNATURE	,	PRINT NAME Dep S. Plair	n #101/0448
TYPE II PERMIT NUMBER/EXPIRATION DATE 200054 01/10/2022		TELEPHONE NUMB (816) 795-1	BER
Return completed report to the: Breath Ald	cohol Program, MO Department o		
	es Boulevard		•

Poplar Bluff, MO 63901

	version no: 352b TEST RECORD 01437	Temp Date Time 218L	VOID: RFI 12 85/12/20 20:87 Subject Name	Subject I.D.  Operator Name, I.D.  Location  JCSG 646
AS IV Serial no: 062092 Mersion no: 5328	Ö	Temp Date Time 210L	Air Blank: 05/12/20 20:05 .000 Calibration Check: 25 05/12/20 20:05 .102	Subject Name  Marth, Mosh Subject I.D.  Deerator Name, I.D.  Tap, & Plun Location  Jesso GAB
AS IV Serial no: 062092 Version no: 5328	- 5	Temp Date Time 210L	Air Blank: 85/12/20 20:03 .000 Calibration Check: 24 85/12/20 20:03 .103	Subject Name  Month. Maid.  Subject I.D.  Oro & Plok # 100  Location  JCSO C+KS
	AS IV Serial no: 062092 Version no: 532B	TEST RECORD 01434	VI @	Calibration Check: 23 85/12/28 28:88 .184 Subject Name Subject I.D.  R. Flan, Mon Location Location  JCSO GHR



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# 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.

DATE1/10/2020	us no		
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200054			
EXPIRES 1/10/2022	for the second of the second o		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB 4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missour:

Operator PLAIN, SEAN Permit No 200054





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: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date 3-Mar-2022 **Cyl. Type** 108

Component Ethanol **Certified Concentration** 

0.100 ± 2% BrAC (272 ppm)

Nitrogen

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	Concentration	CRM Serial No.	Concentration

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

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2020.03.05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala



#### 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		4	DATE OF 1 05/12/2	NSPECTION 2020
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Sum	mit, Mo -064064			TIME OF IT	NSPECTION M
CHECKLIST: Place a mark in the box by each ues where determined.) Unmarked items mus			ng within establi	shed limit	ts. (Write in observed val-
DIGITAL READOUT (ALL ELEMENTS O					
TEMPERATURE OF ALCO SENSOR (10	0°C - 40°C) 210				
PRINTER WORKING PROPERLY					2
TIME AND DATE DISPLAYING PROPER	RLY				
BREATH ALCOHOL ACCURACY STANDAR	DS				
☐ SIMULATOR SOLUTION		☑ COMPRESSE	D ETHANOL-G	AS MIXTI	URE
STANDARD SUPPLIER Intoximeters	L	OT # AG006306	EXP. DATE	03/03/2	022
SIMULATOR TEMPERATURE (34°C ± 0.	2°C) SIM	JLATOR SN	SIMUI	.ATOR E	XP DATE
CALIBRATION CHECK – (ONLY ONE ST Run three tests using a standard solution less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	. All three tests must be standard solution being BETWEEN 0.095% and BETWEEN 0.076% and	e within ±5% of the s used. (PRINTOUT A 1 0.105% INCLUSIVE 1 0.084% INCLUSIVE	standard value a NTTACHED) E E		have a spread of .005 or
TEST 1 <b>▼</b> .100	TEST 2 • .100		TEST 310	0	
RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TEST (DO NOT INCLUDE SELF-ADMINISTERED		G RANGES SINCE	THE LAST MAI	NTENAN	CE REPORT:
REFUSALS 0 (004) 0	(.0509)	(.1014) 0	(.1519)	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 DOHSS standards and guidelines.					
INSPECTING OFFICER				ingh pa	
SIGNATURE	7		PRINT NAME Dep. S. Plain	#101/04	148
TYPE II PERMIT NUMBER/EXPIRATION BATE 200054 01/10/2022			TELEPHONE NUMBE (816) 524-43		
2875 Jam	cohol Program, MO Dep nes Boulevard uff, MO 63901	partment of Health ar	nd Senior Servio	ces, Soutl	heast District Office

Calibration Check: 22 85/12/28 19:42 .180 AS IV Serial no: 897426 Version no: 532B TEST RECORD 00925 Temp Date Air Slank 21@L 05/12/20 19:40 .000 Calibration Check: 21 85/12/28 19:48 ,188 TEST RECORD 88924 Time Temp Date Air Blank:

Subject, Name

State I.P.

Month

Subject 1.1.

Plus #100 Do. S. Locat ion

Orerator Name, I.D.

CHO JC80

AS IV Serial no: 897426 Version no: 5328

TEST RECORD 00926

2181 DE SE の発力の Temp

걸

Air Slank

85/12/28 19:42 .888

Calibration Check: 23 05/12/20 19:44 .100 85/12/28 19:44 .008

Morth. Mush Subject 1.1

Dep. F. Dhun Apr Operator Name, Lin.

#100

Dep. E. Aun

CHO

JC50

Organical Names I.E.

GHB 1080 Location

2191 BE E (1) (1) (2) (3) SE SE

UBID: REI 12 85/12/20 19:46

000000 Sub Sect To the first

AS IV Serial no: 897426 Version no: 5328 Service no:

TEST RECORD 68927

1139 930

10 S

180 CHD



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# 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.

DATE1/10/2020	whense		
DATE INTO AVEV	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 200054			
EXPIRES 1/10/2022	haf with		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
MD 600 0000 (6:40)	LAD-4 rDc 47		

MO 580-0771 (6-10)

LAB-4 (RG-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator PLAIN, SEAN Permit No 200054

Date Issued 1/10/2020 Date Expires 1/10/2022





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: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date 3-Mar-2022 **Cyl. Type** 108

Component

**Certified Concentration** 

Ethanol

0.100 ± 2% BrAC (272 ppm)

150.2 ppm

Nitrogen

**Balance** 

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

RGM Serial No.	<u>Concentration</u>	RGM Serial No.	<b>Concentration</b>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No.	<u>Concentration</u>	CRM Serial No.	<b>Concentration</b>
CC434668	800.0 ppm	0056649	390.1 ppm

0056662

Analytical Method:

CC234503

NDIR

253.0 ppm

Digitally signed by Quality Control Date: 2020.03.05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala



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

	WHITE						
	mplete this report in duplicate at the time of copy to Department of Health and Seni				l whenev	er instrument is repa	iired.
	ALCO SENSOR IV SN 097411  PRINTER SN 03A.2436.096  DATE OF INSPECTION 05/12/2020						
	cation of instrument (street and city) 001 NE Lakewood Way Ct., Lee's Sum	ımit, Mo 64064			TIME OF I 6:54 p	NSPECTION M	
СН	ECKLIST: Place a mark in the box by each	h item if found to be sati	sfactory or if operat	ing within establi	shed limi	ts. (Write in observed	-lav t
ues	s where determined.) Unmarked items mus	st be corrected before us	sing instrument.				
	DIGITAL READOUT (ALL ELEMENTS O	PERATIONAL)					
	TEMPERATURE OF ALCO SENSOR (10	0°C - 40°C) 23°	<i></i>				
Ø	PRINTER WORKING PROPERLY						
BR	EATH ALCOHOL ACCURACY STANDAR	RDS					
	SIMULATOR SOLUTION		COMPRESS	ED ETHANOL-G	AS MIXT	URE	
	STANDARD SUPPLIER Intoximeters		OT # AG006306	EXP. DATE	03/03/2	022	
	SIMULATOR TEMPERATURE (34°C ± 0	.2°C) SIMI	ULATOR SN	SIMU	_ATOR E	XP DATE	
	less. Check the box corresponding to the 0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.095% and BETWEEN 0.076% and	d 0.105% INCLUSIN d 0.084% INCLUSIN	/E /E			
TE:	ST 1102	TEST 2 🕶 .101		TEST 310	11		
	RFI DETECTOR OPERATING						
1	DICATE THE NUMBER OF BREATH TES		G RANGES SINCE	THE LAST MAI	NTENAN	CE REPORT:	
(5)	NOT MODDE OLD PADMINIOTERED	1	ľ	, I		ľ	
-	FUSALS 0 (004) 0	(.0509)	(.1014)	(.1519)	0	(OVER .19) 0	201.5
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.							
Tree	DECTING OFFICE	The second second			10 1 N		W.N.
	INSPECTING OFFICER SIGNATURE PRINT NAME					411	
•	3	107		S. Plain #10	1		
	E II PERMIT NUMBER/EXPIRATION DATE 00054 01/10/2022	*		(816) 795-19			
Re	2875 Jan	Icohol Program, MO De nes Boulevard Iuff, MO 63901	partment of Health	and Senior Servi	ces, Sout	heast District Office	

AS IV Serial no: 897411 Uersion no: 532B TEST RECORD 80895 a/ Temp Date Time 218L VOID: RFI 12 85/12/28 19:81	Subject Name Subject I.D.  Operator Name, I.D.  Q Flun for Location  JCSO 640	
### 10 Serial no: 097411 Usersion no: 532B  TEST RECORD 00894  "A Temp Date Time 210L  ###################################	Subject Name  Mosth. Maint Subject I.D.  Operator Name, I.D.  £ Planh #100  Location  TCSO & HO	
AS IV Serial no: 097411 Uersion no: 532B TEST RECORD 00892 9/ Temp Date Time 210L Air Blank: 65/12/20 18:54 .000 Calibration Check: 22 65/12/20 18:54 .162	Subject Name Month. Mennt Subject I.D.  Deerator Name, I.D.  S. Pl., * WM Location Tess 240	
AS IV Serial no: 097411 Version no: 532B  TEST RECORD 00893  Air Blank: 65/12/20 18:56 .000 Calibration Check: 23 05/12/20 18:56 .101	Subject Name, Subject I.D.  Subject I.D.  Operator Name, I.D.  S. Pluin *100  Location  JOSO 6410	



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# 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.

DATE1/10/2020	hum no
DATE 1/10/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER <b>200054</b>	
EXPIRES 1/10/2022	for outle
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
and the same of th	LAD 1 (DC 10

MO 580-0771 (6-10)

LAB 4 (RG-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator PLAIN, SEAN Permit No 200054

Date Issued 1/10/2020 Date Expires 1/10/2022



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

# APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

A disclosive concentring your SSN number is available at http://www.houlin.me.gov/de/docatalabolic/fc.com/processes/fc.com/pr	NEW PER		INCEPTAMENUMBERA	NO EXPIRATION PATE		
A displacetic consorting your SSN number is evaluated at high-flower production of governor continuous and the number of sourcess grant of the control of sources. As a second of the control of sources of the control of sources of the control of sources.  INTERIOR OF SOURCES Grant of the control of the control of sources. As a second of the control of sources of sources. The control of sources of sources of sources of sources. The control of sources of sources of sources. The control of sources of sources of sources of sources of sources. The control of sources of so		000	2	- T		
TEACHER COMPLETED APPLICATION TO THE:    TEACHER COMPLETED APPLICATION TO THE:   Teach   Teacher   Teacher	2501	1201 1500	∧ dl	sclosure cencerning your SSN number.		[ X ,
Tachesin County Survive Chief County Chief Co	CEPARIMENT OR	ISOOD				
LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZINS (Also, please place a checkmark beside ALL brenth analyzer(a) for which you are requesting a permit.)  DATE (Also, please place a checkmark beside ALL brenth analyzer(a) for which you are requesting a permit.)  DATE (Also, please place a checkmark beside ALL brenth analyzer(a) for which you are requesting a permit.)  DATE (Also, please place a checkmark beside ALL brenth analyzer(a) for which you are requesting a permit.)  DATE (Also, please place a checkmark beside ALL brenth analyzer(a) for which you are requesting a permit.)  DATE (Also, please place a checkmark beside ALL brenth analyzer(a) for which you are currently performing maintenance reports or and the number of 12/19/19 (CSMo) / fasc (Also, please) / f	Jackson (	County Shriff's Office		27		
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.)  (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)  (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)  (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)  (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)  (Also, please place a checkmark beside ALL breath analyzer(s) for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.  (Also, please place a checkmark for which you are currently performing maintenance reports on and the number of maintenance or ports performed on EACH type in the last year.  (Also, please place a checkmark for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.  (Also, please place a checkmark for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.  (Also, please place a checkmark for the permit was a second performed and procedures will result and a new permit.)  (Also, please place a checkmark for the new permit.)  (Also, please place a checkmark for the new permit.)  (Also, please place a checkmark for the permit was a new permit for the new permit of the permit was an analyzer for which they (30) days, the applicant shoth back completed two (2) Maintenance Reports and two (3) self-adiabatered tests for each read in analyzer for which removed is requested. Cupies of the Maintenance Reports using with the Operational checklinic and principle for the life of the first part of the complete o			) (403.4		$\hat{i}$	e e
UST 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.)    DATE	EMAIL ADDRESS	,	· (prece)		(6)	
Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.    DATES   LOCATION OF GOLDEN   PROTECT   PROT	= SI bjejo (o)			**************************************	-53	
COURSE  COURSE						
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  MANUFACTURER AND NAME OF INSTRUMENT  NUMBER OF MAINTENANCE REPORTS  NUMBER OF SUBJECT TESTS  NUMBER OF MAINTENANCE REPORTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS OK SOW  10 SELF-TESTS OK SOW  10 SELF-TESTS OK SOW  Nome adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the nistrument(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.  No renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) test modificing subjects in the past year on each instrument for which renewal is requested. If these conditions are not net, or the permit applied for more than thitly (30) days, the applicant shall perform two (2) Maintenance (Reports along with the Operational checklists and printouts for the two (5) self-administered tests shall accompany the application for renewal.  NUMBER OF MAINTENANCE TO THE:  Breath Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63001	( )!-	LOCATION OF COURSE	H-NOTH	NAME & MODEL OF BRIFATH ANALYZE	H representation of the second	NAME OF INSTRUCTOR
List the maintfacturer 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  I. ALCO-SENSORIV W/ FRINTER  I. ALCO-SENSORIV W/ FR	12./9.13/17	uemo/msc	36	Typa: Il Supervisor		Luttoon
List the manufacturer and name of instruments for which you are currently performing maintenance reports or and the number of maintenance reports performed on EACH type in the last year.  MANUFACTURER AND NAME OF INSTRUMENT  I. ALCO-SENSORIV W/PRINTER  II. ALCO-SENSORIV W/PRINTER  II. ALCO-SENSORIV W/PRINTER  III. ALCO-SENSORIV  III. ALCO-SENSO	12/17/19	60mo/msc	8	all hora was Ut SA I says		Bord
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  I. ALCO SENSORIV WYPRINTER  I. SELF-TESTS OK SGW  I. O SE		10. 10. 10. 10. 10.			N N	Brd
MANUFACTURER AND NAME OF INSTRUMENT  ALCO-SENSOR IV W/PRINTER  NUMBER OF MAINTENANCE REPORTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  O SELF-TESTS OK SGW  NUMBER OF SUBJECT TESTS  TO SELF-TESTS OK SGW  NUMBER OF MAINTENANCE REPORTS  O SELF-TESTS OK SGW  NUMBER OF MAINTENANCE REPORTS  O SELF-TESTS OK SGW  O SELF-TESTS OK				4		
MANUFACTURER AND NAME OF INSTRUMENT  ALCO-SENSOR IV W/PRINTER  NUMBER OF MAINTENANCE REPORTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  NUMBER OF SUBJECT TESTS  O SELF-TESTS OK SGW  NUMBER OF SUBJECT TESTS  TO SELF-TESTS OK SGW  NUMBER OF MAINTENANCE REPORTS  O SELF-TESTS OK SGW  NUMBER OF MAINTENANCE REPORTS  O SELF-TESTS OK SGW  O SELF-TESTS OK		<u> </u>				
2. ALCO-SENSORIV W/PRINTER  2. By the 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.  It renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) test and disking 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 preatin analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts to the five (5) self-administered tests shall accompany the application for renewal.  BETURN COMPLETED APPLICATION TO THE:  Directh Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901				e currently performing maintenance	reports on and t	ne number o
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 loast ten (10) test and disking 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 greatin analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printonts for the five (5) self-administered tests shall accompany the application for renewal.    IDENTEDITY   17-19	1AM		IN TW			***************************************
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 loast ten (10) test and drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not not, 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 reach analyzer for which renewal is requested. Oppies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.  **BETURN COMPLETED APPLICATION TO THE:**  Breath Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 28/5 James Blvd.  Poplar Bluff, MO 63901	ſ.,			2 MR'S OK SGW	10 SELF-TESTS	OK SGW
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.  The permit for the new ins	<u>)</u>		Y4			
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.  The permit for the new ins	1	2 - 0   10 - 11 - 11				
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) test and dishling subjects in the past year on each instrument for which renewal is requested. If these conditions are not nict, 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 reath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for ne five (5) self-administered tests shall accompany the application for renewal.  **INSTRUMENT OF THE COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 2875 James Blvd.  Peplar Bluff, MO 63901						1 422
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 preaction analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for he five (5) self-administered tests shall accompany the application for renewal.  IDENTIFY 19  RETURN COMPLETED APPLICATION TO THE:  Breath Alsohol Program, Missouri Department of Health and Senior Services Southeast District Office 28/5 James Blvd. Poplar Bluff, MO 63901	nstrument(s	) on your current permit that you wis				
RETURN COMPLETED APPLICATION TO THE:  Breath Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 2875 James Blvd. Poplar Bluff, MO 6390 f	on d <mark>rinking</mark> si expired for mo oreath analyzo	objects in the past year on each instru ore than thirty (30) days, the applicant or for which renewal is requested. Cop	ment for which re shall perform two ses of the Mainto	mewal is requested. If these conditions (2) Maintenance Reports and five (5) mance Reports along with the Operation	are not met, or t self-administered	he permit has tests for each
RETURN COMPLETED APPLICATION TO THE:  Breath Alcohol Program, Missouri Department of Health and Senior Services Southeast District Office 2875 James Blvd, Poplar Bluff, MO 6390 f	IGNATURE OF API	THICANT -	r rae	DAI   12	7-117-19	
	RETURN COI	MPLETED APPLICATION TO THE:	Southeast Distr 2875 James Bl	Program, Missouri Department of Healt let Office vd.		vices
	1680 600 100 10	The second second	Popiar Blutt, MC	.7 08301		



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: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date

Cyl. Type

Component

**Certified Concentration** 

3-Mar-2022

108

Ethanol Nitrogen  $0.100 \pm 2\%$  BrAC (272 ppm)

Balance

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

RGM Serial No.	Concentration 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	RGM Serial No.	Concentration
EB0010581		EB0010603	393.0 ppm
EB0010570		EB0010559	258.2 ppm
EB0010285		EB0010595	208.3 ppm
EB0010561		EB0010562	104.2 ppm
EB0010681		EB0010579	52.81 ppm
EBUUTUOOT	52.12 ppm	ED0010379	52.61 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

**Analytical Method:** 

**NDIR** 

Digitally signed by Quality Control Date: 2020.03,05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala



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

Complete this report in duplicate at the time of t Send copy to Department of Health and Senior S			nce check, and wh	nenever instrument is repaired.
ALCO SENSOR IV SN PRINTER SN 09B.3589.470				E OF INSPECTION 5/12/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summi	it, Mo -064064			e of Inspection 13 pm
CHECKLIST: Place a mark in the box by each it			within established	d limits. (Write in observed val-
ues where determined.) Unmarked items must b	pe corrected before using	j instrument.		
DIGITAL READOUT (ALL ELEMENTS OPE	ERATIONAL)			
TEMPERATURE OF ALCO SENSOR (10°C	C - 40°C) ∂/t			
PRINTER WORKING PROPERLY				
☑ TIME AND DATE DISPLAYING PROPERLY				
BREATH ALCOHOL ACCURACY STANDARDS	S			
SIMULATOR SOLUTION	<u> </u>	COMPRESSED	ETHANOL-GAS	MIXTURE
STANDARD SUPPLIER Intoximeters	LOT	# AG006306	EXP. DATE 03/	/03/2022
SIMULATOR TEMPERATURE (34°C ± 0.2°	C)SIMULA	ATOR SN	SIMULATO	OR EXP DATE
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 TE	ST 2 🕶 .101		TEST 3 <b>☞</b> .100	
☑ RFI DETECTOR OPERATING		<u>_</u>		
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TE		RANGES SINCE T	HE LAST MAINTE	NANCE REPORT:
	,	0	1 .	
REFUSALS 0 (004) 0 (	(.0509) 0 (.1	014)	(.1519)	(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 DOHSS standards and guidelines.				
INSPECTING OFFICER				on Bushall Ran 1
SIGNATURE	n		PRINT NAME Dep. S. Plain #1	01
TYPE II PERMIT NUMBER/EXPIRATION DATE 200054 01/10/2020		1	TELEPHONE NUMBER (816) 524-4302	
2875 James			<u> </u>	Southeast District Office
Poplar Bluff,	, MO 63901			

AS IV Serial no: 111643 Version no: 532B  TEST RECORD 00314 Sir Blank: 65/12/20 19:16 .000 Calibration Check: 23 05/12/20 19:16 .100 Subject Name Numble Minch Subject I.D.  Operator Name, I.D.  E. Plun Ind. Location Location TCSO SAS	
AS IV Serial no: 111643 Version no: 532B  TEST RECORD 00313 Solution of Serial nos 101 Air Blank: 65/12/20 19:15 .000 Calibration Check: 22 05/12/20 19:15 .101 Subject Name Subject I.D.  Subject I.D.  Operator Name, I.D.  Location  Location  15656 . GHQ	
AS IV Serial no: 111643 Version no: 532B  TEST RECORD 60312  "A Temp Date Time 210L  Air Blank: 65/12/20 19:13 .000  Calibration Check: 21 05/12/20 19:13 .101  Subject Name  Worth. Morth. Subject I.D.  Grenator Name, I.D.  Subject I.D.  Location  TCSO CANO	
AS IV Serial no: 111643 Version no: 532B  TEST RECORD 60315  ACTION Date Time 210L  VOID: RFI 12 65/12/20 19:17  Subject Name  Why. Mak?  Subject I.D.  Question  Location  CCSC CHIS	



DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# 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.

DATE1/10/2020	hus in se		
5/4C 1/10/2020	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER <b>200054</b>			
EXPIRES 1/10/2022	hay well		
	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		

MO 580-0771 (6-10)

LAB-4 (RG-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missourl.

Operator PLAIN, SEAN
Permit No 200054





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

**Analytical Method:** 

Test Date: 4-Mar-2020

Lot # AG006306 Model 108cacd

Exp. Date 3-Mar-2022 Cyl. Type

108

Component

Ethanol Nitrogen **Certified Concentration** 

0.100 ± 2% BrAC (272 ppm)

Balance

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

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm
CRM Serial No. CC434668 CC234503	Concentration 800.0 ppm 253.0 ppm	CRM Serial No. 0056649 0056662	Concentration 390.1 ppm 150.2 ppm

Digitally signed by Quality Control Date: 2020.03.05 13:27:24 -06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

**NDIR** 

Approved for Release:

Rod Marsala