

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00206

Temp Date Time ^{s/} 210L

Air Blank:
03/11/20 14:58 .000
Calibration Check:
18 03/11/20 14:58 .098

Subject Name

Main t

Subject I.D.

Operator Name, I.D.

A. Michels #200009

Location

Troop C HQ

Mobile Unit

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00207

Temp Date Time ^{s/} 210L

Air Blank:
03/11/20 15:00 .000
Calibration Check:
19 03/11/20 15:00 .098

Subject Name

Main t

Subject I.D.

Operator Name, I.D.

A. Michels #200009

Location

Troop C HQ

Mobile Unit

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00208

Temp Date Time ^{s/} 210L

Air Blank:
03/11/20 15:02 .000
Calibration Check:
21 03/11/20 15:02 .098

Subject Name

Main t

Subject I.D.

Operator Name, I.D.

A. Michels #200009

Location

Troop C HQ

Mobile Unit

AS IV Serial no: 107981
Version no: 532B

TEST RECORD 00209 ^{s/}
Temp Date Time 210L

VOID: RFI
12 03/11/20 15:03

Subject Name

Main t

Subject I.D.

Operator Name, I.D.

A. Michels #200009

Location

Troop C HQ

Mobile Unit

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing Co.
LOT NUMBER: 19002
EXPIRATION DATE: October 16, 2021 at 11:59 p.m.

RepCo Marketing Co. certifies the following:

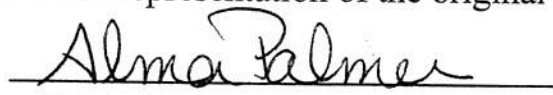
RepCo Marketing Co. prepared, tested and supplied Lot Number 19002 of Alcohol Certified Solution for simulators. This solution was manufactured and tested by RepCo Marketing Co., with confirmation by ISO 17025 and ISO 17034 accredited institution Alcohol Countermeasure Systems, using NIST standards. Random samples were analyzed by Alcohol Countermeasure Systems utilizing a gas chromatograph and found to contain .1231 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

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

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

The date of manufacture for this lot number is October 17, 2019 The expiration date for this lot number is October 16, 2021 at 11:59 p.m.

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


Alma Palmer, Operations Manager
RepCo Marketing Co.



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



PERMIT
TYPE II
ADAM J MICHELS

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

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 1/3/2020

NUMBER 200009

EXPIRES 1/3/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

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

Operator MICHELS, ADAM
Permit No 200009
Date Issued 1/3/2020 **Date Expires** 1/3/2022



RECEIVED
By Tracy Crews at 2:45 pm, Dec 03, 2019

APPROVED
By Stephen Wilson at 9:45 am, Dec 05, 2019



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

| | |
|--|--|
| THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL | CURRENT PERMIT NUMBER AND EXPIRATION DATE 280044 01/18/2020 |
|--|--|

| | | |
|------------------------------------|----------------------------|-----------|
| PRINT FULL NAME Adam J. Michels | TITLE Trooper 1st Class | AGE 34 |
|------------------------------------|----------------------------|-----------|

A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

| | |
|-------------------------------------|-----------------------------|
| DEPARTMENT OR TROOP MSHP Troop C | TELEPHONE (636) 300-2800 |
|-------------------------------------|-----------------------------|

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
891 Technology Drive, Weldon Spring, Missouri 63304

EMAIL ADDRESS
adam.michels@mshp.dps.mo.gov

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

| DATES OF COURSE | LOCATION OF COURSE | COURSE LENGTH (HRS.) | NAME & MODEL OF BREATH ANALYZER | PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST | NAME OF INSTRUCTOR |
|-----------------|--------------------|----------------------|---------------------------------|--|--------------------|
| July 2010 | Training Academy | 32 | datamaster | <input type="checkbox"/> | Cummings |
| Feb 2016 | Troop F HQ | 8 | Alco-Sensor-IV | <input checked="" type="checkbox"/> | Cleveland |
| 5/23-6/1 | Training Academy | 40 | Alco Sensor-IV (General) | <input checked="" type="checkbox"/> | Day |
| | | | | <input type="checkbox"/> | |

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

| MANUFACTURER AND NAME OF INSTRUMENT | NUMBER OF MAINTENANCE REPORTS | NUMBER OF SUBJECT TESTS |
|-------------------------------------|-------------------------------|---------------------------------|
| 1. Intoximeters AS-IV W/ PRINTER | 64 OK SGW | 4 5 SELF-TESTS OK SGW |
| 2. | | |
| 3. | | |

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

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

| | |
|----------------------------|--------------------|
| SIGNATURE OF APPLICANT | DATE 11/27/2019 |
|----------------------------|--------------------|

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901