

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

THEOR EG/TD II WATHENANGE DEDODE

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever it is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the breath Alcohol Program, DNSS. NAME NOTE IN SECTION NAME OF ADDRESS NAME OF ADDRES	INTOX EC/IR	I MAINTENA	NCE R	EPORT			REPORT #
INTO SECVICE. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DESS. INTOKE ECTR 11 ST INTOKE ECTR 11 ST RIVER'SIDE POLICE Dept. 03/05/2020 TIMS OF INSERTION TIMS OF INSERTION TIMS OF INSERTION TIMS OF INSERTION THE OF INSERT INSTITUTE TO OFFER INSTITUTE THE INSTITUTE TO OFFER IN			The second secon				
NAME OF AGRICY DATE OF INSPECTION 2030/5/2020							
Riverside Police Dept. 03/05/2020 COATTON OF INSTRUMENT (STREET AND CITY)				n 15 days to the		ogram, DHSS.	
THE OF INSTRUMENT (STREET AND CITY) THE OF INSTRUCTION 22:32 CST	-CHICATONCALM			Dont			
29:90 NW Vivion Road Riverside, MO 64150 CHEKKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument. PIASNOSTIC RECORD			Police	рерг.			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.							
established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.			if foun	d to be gatisfact		ng within	
Defore using instrument.						£50	
X BLANK CHECK X CO2 CHECK X FC 1 TEMP X PLOW CHECK X SRC TEMP X PEOC CHECK X SRC TEMP X CRC COMP CHECK X SRC TEMP X CRC COMP CHECK X SRT TEMP X CRC COMP CHECK X SRT TEMP X CRC CAL CHECK X SRT TEMP X PRINT TEST X FT CHECK X SRT TEMP X PRINT TEST X FT CHECK X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR S/N SIMULATOR EXP DATE X STANDARD EXP DATE X STANDARD EXP DATE X STANDARD EXP DATE X STANDARD SUPPLIER INTOXIMETERS X STANDARD SUPPLIER INTOX		201700 101000 111			iod zoomb mabo zo	30110000u	
X BLANK CHECK X CO2 CHECK X FC 1 TEMP X PLOW CHECK X SRC TEMP X PEOC CHECK X SRC TEMP X CRC COMP CHECK X SRC TEMP X CRC COMP CHECK X SRT TEMP X CRC COMP CHECK X SRT TEMP X CRC CAL CHECK X SRT TEMP X PRINT TEST X FT CHECK X SRT TEMP X PRINT TEST X FT CHECK X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR S/N SIMULATOR EXP DATE X STANDARD EXP DATE X STANDARD EXP DATE X STANDARD EXP DATE X STANDARD SUPPLIER INTOXIMETERS X STANDARD SUPPLIER INTOX	X DIAGNOSTIC RECORD						
X FC 1 TEMP X PCS CHECK X SEC TEMP X PCS CHECK X DET TEMP X CC CAL CHECK X ST TEMP X CC CAL CHECK X STD 2 TEMP X STD 2 TEMP X STD 2 TEMP X PRINT TEST X STD 2 TEMP X STD 2 TEM	Berman S.		1	X CO2 CHECK			
X SRC TEMP X DET TEMP X CRC COMP CHECK X DET TEMP X CRC CAL CHECK X STD 2 TEMP X ETH CHECK BREATH ANALYZER ACCURACY STANDARDS SIMULATOR SOLUTION X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C +0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.075% AND 0.044% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 2 0.099 g/210L TEST 2 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L							
X DET TEMP X CRC CAL CHECK X BT TEMP X CRC CAL CHECK X STD 2 TEMP X PRINT TEST X ETH CHECK BREATH ANALYZER ACCURACY STANDARDS SIMULATOR SOLUTION X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR SIMULATOR SUPPLIER X 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 1 OVER .19 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE STONAUME JOSH BAILEY JOSH BAILEY JOSH BAILEY TELEPHONE NUMBER 1 TELEPHONE NUMBER 2 TELEPHONE NUMBER 3 TELEPHONE NUMBER 4 TELEPHONE NUMBER 5 TELEPHONE NUMBER 5 TELEPHONE NUMBER 6 TELEPHONE NUMBER 7 TELEPHONE NUMBER 8 TELEPHONE NUMBER 8 TELEPHONE NUMBER 9 TELEPHONE NUMBER 1 TELEPHONE	Proceed.						
X STD 2 TEMP X STD 2 TEMP X ETH CHECK REATH ANALYZER ACCURACY STANDARDS SIMULATOR SOLUTION X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L TEST 3 0.099 g/210L TRETUSALS 0 004 1 .0509 0 .1014 0 .1519 1 OVER .19 0 LIST ANY NEW PARTS AND DESCRIBE ANY AUTERATION OR MODIFICATION THAN WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE **INSPECTING CRITICAL STANDARD AND THE PROCESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)** **INSPECTING CRITICAL STANDARD AND THE STABLISH STANDARD AND THE STANDARD				AND THE CONTRACTOR OF THE CONT			
X STD 2 TEMP X ETH CHECK BREATH ANALYZER ACCURACY STANDARDS SIMULATOR SOLUTION X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) X 0.104° STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.038% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 ** 0.099 g/210L TEST 2 ** 0.099 g/210L TEST 3 ** 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 1 OVER .19 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAN WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191			- 3				
ETH CHECK BREATH ANALYZER ACCURACY STANDARDS SIMULATOR SOLUTION X COMPRESSED ETHANOL-GAS MIXTURE X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 10.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 0.0.099 g/210L TEST 2 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REPUSALS 0 004 1 .0509 0 .1014 0 .1519 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 MECESSARY). INSPECTING OFFICER SIGNATURE JOSH BAILLEY TELEPHONE NUMBER JOSH BAILLEY TELEPHONE NUMBER (816) 741-1191					N.		
BREATH ANALYZER ACCURACY STANDARDS SIMULATOR SOLUTION SIMULATOR SOLUTION SIMULATOR SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C +0.2°C) SIMULATOR S/N SIMULATOR EXP DATE XCALIBRATION 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHEE) XO.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L			!	X PRINT TEST			
SIMULATOR SOLUTION X STANDARD SUPPLIER INTOXIMETERS LOT# AG815802 EXP. DATE 06/07/2020 SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE X 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 1							
SIMULATOR TEMP (34°C +0.2°C) SIMULATOR TEMP (34°C +0.2°C) SIMULATOR S/N 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) ***O.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE ***O.00% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE ***O.00% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE ***O.099 g/210L ***TEST 1 ***O.099 g/210L ***INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). ***INSPECTING OPERATE** ***INS		NDARDS					
SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE XCALIBRATION 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE JOSH BAILEY TELEPHONE NUMBER (816) 741-1191							
XCALIBRATION 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 v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) X 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER PRINT FULL NAME JOSH BAILEY TUPLA PERMIT NUMBER PRINT FULL NAME JOSH BAILEY TUPLA PERMIT NUMBER PRINT FULL NAME JOSH BAILEY TUPLA PERMIT NUMBER (816) 741-1191	Transfer		L	OT# AG815802	EXP.	DATE 06/07/2020	
Run three tests using a standard solution. All three tests must be within ±5% of the standard v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) 10.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 10.00% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 10.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 10.099 g/210L TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE JOSH BAILEY TOPLE FERMIT NUMBER JOSH BAILEY TELEPHONE NUMBER (816) 741-1191	SIMULATOR TEMP (34°C ±0.2°	2)	SIMULAT	OR S/N	SIMULATOR EXP I	DATE	
Run three tests using a standard solution. All three tests must be within ±5% of the standard v and must have a spread of .005 or less. Mark the box corresponding to the standard solution bei used. (PRINTOUT ATTACHED) 10.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 10.00% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 10.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE 10.099 g/210L TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE JOSH BAILEY TOPLE FERMIT NUMBER JOSH BAILEY TELEPHONE NUMBER (816) 741-1191	(See						
and must have a spread of .005 or less. Mark the box corresponding to the standard solution beinged. (PRINTOUT ATTACHED) 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191	X CALIBRATION CHECK - (ONLY	ONE STANDARD IS	S TO BE	USED PER MAIN	TENANCE REPORT)		
and must have a spread of .005 or less. Mark the box corresponding to the standard solution beinged. (PRINTOUT ATTACHED) 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.00% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 1 OVER .19 0 LIST ANY NEW PARTS AND DESCRIBE ANY ALMERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY TOPUM FERMIT NUMBER 290085 EXPLORATION DATE 04/22/2021 (816) 741-1191	Run three tests using a st	andard solution	a. All	three tests mu	ist be within +59	k of the standard	value
TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY TOPM PERMIT NUMBER EXPIRATION DATE O 1/22/2021 (816) 741-1191	and must have a spread of						
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY TOP PERMIT NUMBER (816) 741-1191	used. (PRINTOUT ATTACHED)						
TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY 1700 PERMIT NUMBER 04/22/2021 (816) 741-1191	The state of the s						
TEST 1 0.099 g/210L TEST 2 0.099 g/210L TEST 3 0.099 g/210L INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE JOSH BAILEY TOP A PERMIT NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: 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).	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE JOSH BAILEY TYPE A PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191	0.04% STANDARD - MUST RE	AD BETWEEN 0.03	38% AND	0.042% INCLUS	IVE		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFICER SIGNATURE JOSH BAILEY TYPE A PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191	TTGT 1 1 0 000 -/0101	T TTGT O	0 000 ==	/0107		0 -/0107	
REFUSALS 0 004 1 .0509 0 .1014 0 .1519 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). INSPECTING OFFIcer SIGNATURE JOSH BAILEY TYPE PERMIT NUMBER 290085 Q4/22/2021 (816) 741-1191				<u> </u>			
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). INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY TYPE OF PERMIT NUMBER. 290085 O4/22/2021 (816) 741-1191	INDICATE THE NUMBER OF BREAT	I TESTS IN THE	FOLLOW	ING RANGES SING	CE THE LAST MAIN	FENANCE REPORT:	
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). INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY TYPE A PERMIT NUMBER 290085 O4/22/2021 (816) 741-1191	DEBUGALC O O OA 1	05 00		10 14 0	15 10 1	LOVER 10 0	
INSPECTING OFFICER SIGNATURE PRINT FULL NAME JOSH BAILEY TYPE A PERMIT NUMBER 290085 EXPLRATION DATE 04/22/2021 (816) 741-1191							
TYPE PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191					STORE THE INSTRUMENT	TO OPERATE	
TYPE AF PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191							
TYPE AF PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191							
TYPE AF PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191							
TYPE PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191							
TYPE AF PERMIT NUMBER 290085 PRINT FULL NAME JOSH BAILEY TELEPHONE NUMBER (816) 741-1191	INCRECTING OFFICER						
JOSH BAILEY TYPE OF PERMIT NUMBER 290085 DATE O4/22/2021 TELEPHONE NUMBER (816) 741-1191				SPANNING COLORS			
Type of Permit Number	4						
	TYPE PERMIT NUMBER EXI	IRATION DATE					
RETURN COMPLETED REPORT TO THE:		/22/2021		(816)741-1193	1		
RETORN COMPLETED REPORT TO THE:	DETIIDN COMDIETED DEDORT	TO THE.					
Breath Alcohol Program, Missouri Department of Health and Senior Services,	1		tment	of Wealth and	Senior Sorvice	20	
Southeast District Office, 2875 James Blvd. Poplar Bluff, MO 63901	•	_				JD ,	
	RETURN COMPLETED REPORT						



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: 8-Jun-2018

Lot # AG815802 Model 55cacd

Exp. Date 7-Jun-2020 Cyl. Type

Component

Certified Concentration

020 33 E

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2018.06.11 10:46:09 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



STATE OF MISSOURI

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



PERMIT TYPE II

JOSHUA N BAILEY

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 4/22/2019	Want
DATE	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 290085	
EXPIRES 4/22/2021	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 air

Operator BAILEY, JOSHUA

Permit No 290085

Date Expires 4/22/2021 Date Issued 4/22/2019

