



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

RECEIVED

By Tracy Crews at 7:49 am, Jul 10, 2020

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument 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, DHSS.

INTOX DMT SN 500068	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 07/06/2020
LOCATION OF INSTRUMENT (STREET AND CITY) Christian Co S.O. - 110 W. Elm St., Ozark		TIME OF INSPECTION 11:58:19

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.

DIAGNOSTIC RECORD

DATE AND TIME <u>07/06/2020 11:58:20</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>46.6°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

SIMULATOR STANDARD COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG931605 EXP. DATE 11/12/2021

SIMULATOR TEMP (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. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

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: 0.100 TEST 2: 0.099 TEST 3: 0.099

PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0 0-.04: 1 .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)

July maintenance / Returned to service - Software updated - SD card replaced / Time adjusted +2 minutes

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME TYLER R WRIGHT
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TYPE II PERMIT NUMBER 200121	EXPIRATION DATE 03/03/2022	TELEPHONE NUMBER 417-895-6868
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, Missouri Department of Health and Senior Services by mail, fax, or email



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: 12-Nov-2019

Lot # AG931605 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
12-Nov-2021	108	Ethanol Nitrogen	0.100 ± 2% BrAC (260 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<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: 2019.11.13 10:27:30 -06:00
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
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



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



PERMIT
TYPE II
TYLER WRIGHT

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

INTOX DMT

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 3/3/2020

NUMBER 200121

EXPIRES 3/3/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 WRIGHT, TYLER
Permit No 200121
Date Issued 3/3/2020 **Date Expires** 3/3/2022





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

3

APPLICATION FOR TYPE III PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR <input checked="" type="checkbox"/> NEW PERMIT <input type="checkbox"/> RENEWAL		CURRENT PERMIT NUMBER AND EXPIRATION DATE 200117 - 03/03/2022	EMAIL ADDRESS FOR COMPLETED PERMIT meagan.shawhan@mshp.dps.mo.gov
PRINT FULL NAME Jared O. Prater		TITLE Trooper	AGE 26
SOCIAL SECURITY NUMBER 495-08-7002		A disclosure concerning your SSN number is available at: http://www.health.mo.gov/lab/breathalcohol/	
DEPARTMENT OR TROOP Missouri State Highway Patrol - Troop D		TELEPHONE (417) 895-6868	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 3131 E. Kearney St., Springfield, MO 65803			

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS.
(Also, please be sure an is placed 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 AN <input checked="" type="checkbox"/> BESIDE INSTRUMENTS FOR WHICH YOU ARE REQUESTING A PERMIT	NAME OF INSTRUCTOR
02/26/2020	MSHP Academy	44	Intox DMT	<input checked="" type="checkbox"/>	Cleveland
06/24/2020	Troop D / Zone 14	4	AS-IV	<input checked="" type="checkbox"/>	Hukill
				<input type="checkbox"/>	

IF THIS IS AN APPLICATION FOR A NEW PERMIT, INCLUDE A COPY OF APPLICANT'S EXAM

IF THIS IS A RENEWAL APPLICATION, AND/OR YOU ARE ADDING A NEW INSTRUMENT TO YOUR CURRENT PERMIT, READ THE FOLLOWING INSTRUCTIONS AND PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

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 III Permit, the applicant shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If this condition is not met or the permit has expired for more than thirty (30) days, the applicant shall complete a two (2) hour refresher-training course under the supervision of an individual with a valid Type II Permit. The refresher-training course shall include the performance of five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the completed operational checklists and printouts for the self-administered tests shall accompany the renewal application.

NAME OF INSTRUMENT	NUMBER OF SUBJECT TESTS	NUMBER OF SELF-TESTS	REFRESHER TRAINING COMPLETE
1. Alco-Sensor IV with Printer	0	10	<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

SIGNATURE OF APPLICANT ▶ <i>Jared O. Prater</i>	DATE 06/24/2020
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RECOMMENDATION OF SUPERVISOR TYPE II

I certify that Tpr. Jared O. Prater is qualified to operate the breath analyzer instrument(s) as requested in this application.
(PRINT TYPE III APPLICANT FULL NAME)

PRINT TYPE II APPLICANT FULL NAME ▶ Tpr. Darwin R. Hukill	BUSINESS PHONE (417) 895-6868
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SIGNATURE OF TYPE II PERMITTEE ▶ <i>Darwin R. Hukill</i> #383	PERMIT NUMBER/EXPIRATION DATE 290043 / 2-26-2021
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RETURN COMPLETED APPLICATION TO THE:
Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00351

Temp Date Time ^{9/} 210L

Air Blank:
06/24/20 17:32 .000
Subject Test: Auto
22 06/24/20 17:32 .000

Subject Name

Self test

Subject I.D.

1748

Operator Name, I.D.

TPP J Rento

Location

D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self - test</i>		DATE OF TEST <i>06/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096 3586.989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input type="checkbox"/> 4. Turn printer on. <input type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input type="checkbox"/> 11. Press red button to eject mouthpiece. <input type="checkbox"/> 12. Turn printer off. <input type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>0.00</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPB [Signature]</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>3/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00352

Temp Date Time ^{s/} 210L

Air Blank:
06/24/20 17:34 .000
Subject Test: Auto
22 06/24/20 17:34 .000

Subject Name

Self test

Subject I.D.

1748

Operator Name, I.D.

~~TPR~~ TPR [Signature]

Location

D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self - test</i>		DATE OF TEST <i>06/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096.3586.989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPB J. Keato</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>03/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097448
Version no: 532B

TEST RECORD 00353

Temp Date Time ^{a/} 210L

Air Blank:
06/24/20 17:35 .000
Subject Test: Auto
23 06/24/20 17:35 .000

Subject Name

Self test

Subject I.D.

748

Operator Name, I.D.

TPH J [Signature]

Location

D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self Test</i>		DATE OF TEST <i>06/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096.5586.987</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>JPR</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>3/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00354

Temp Date Time ^{s/} 210L

Air Blank#
06/24/20 17:41 .000
Subject Test: Auto
24 06/24/20 17:41 .000

Subject Name

Self test

Subject I.D.

748

Operator Name, I.D.

TPR J [Signature]

Location

D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self test</i>		DATE OF TEST <i>06/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096.3586.989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPR [Signature]</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>3/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00355

Temp Date Time 210L

Air Blank:
06/24/20 17:42 .000
Subject Test: Auto
24 06/24/20 17:42 .000

Subject Name
Self test

Subject I.D.
748

Operator Name, I.D.
TRR J Perito

Location
D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self Test</i>		DATE OF TEST <i>06/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096-3586989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
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<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPH [Signature]</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>3/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00356

Temp Date Time ^{s/} 210L

Air Blank:
06/24/20 17:44 .000
Subject Test: Auto
25 06/24/20 17:44 .000

Subject Name

Self-test

Subject I.D.

748

Operator Name, I.D.

TPR J. P. P. P.

Location

D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self - test</i>		DATE OF TEST <i>06/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096.3586.981</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input type="checkbox"/> 4. Turn printer on. <input type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input type="checkbox"/> 11. Press red button to eject mouthpiece. <input type="checkbox"/> 12. Turn printer off. <input type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that: <input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPB J. Reuther</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>03/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00357

Temp Date Time ^{s/} 210L

Air Blank:
06/24/20 17:46 .000
Subject Test: Auto
26 06/24/20 17:46 .000

Subject Name
Self-test

Subject I.D.
748

Operator Name, I.D.
TPR J P

Location
D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self-test</i>		DATE OF TEST <i>6/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097140</i>	PRINTER SERIAL NO. <i>096.3580.989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPH [Signature]</i>	PERMIT NO. <i>20017</i>	EXPIRATION DATE <i>03/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00358

Temp Date Time ^{s/} 210L

Air Blank:
06/24/20 17:48 .000
Subject Test: Auto
27 06/24/20 17:48 .000

Subject Name

Self-Test

Subject I.D.

748

Operator Name, I.D.

TRR O Pates

Location

D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self - Test</i>		DATE OF TEST <i>6/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096.3580.989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPR J. Pater</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>3/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00359

Temp Date Time ^{s/} 210L

Air Blank:
06/24/20 17:49 .000
Subject Test: Auto
27 06/24/20 17:49 .000

Subject Name

Self Test

Subject I.D.

748

Operator Name, I.D.

TPR J. Fraker

Location

D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self - test</i>		DATE OF TEST <i>6/24/20</i>
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096.3580.989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
<input checked="" type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period. <input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input checked="" type="checkbox"/> 4. Turn printer on. <input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 12. Turn printer off. <input checked="" type="checkbox"/> 13. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC <i>.000</i>
As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:		
<input type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input type="checkbox"/> 3. I am authorized to operate the instrument. <input type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.		
NAME OF OPERATOR <i>TPR [Signature]</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>3/3/22</i>
WITNESS (NAME) <i>[Signature]</i>		DATE <i>06/24/20</i>

AS IV Serial no: 097440
Version no: 532B

TEST RECORD 00360

Temp Date Time ^{s/} 210L

Air Blank:
06/24/20 17:51 .000
Subject Test: Auto
27 06/24/20 17:51 .000

Subject Name
Self Test

Subject I.D.
748

Operator Name, I.D.
TPR J Pente

Location
D-14

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
**BLOOD ALCOHOL TEST REPORT - ALCO-SENSOR IV
 WITH PRINTER**

FORM #8

SUBJECT'S NAME <i>Self - Test</i>	DATE OF TEST <i>6/24/20</i>
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OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER

ALCO-SENSOR SERIAL NO. <i>097440</i>	PRINTER SERIAL NO. <i>096.3580.989</i>	LOCATION OF INSTRUMENT <i>D-14</i>
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- 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- 2. Subject observed for at least 15 minutes by _____
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 15 minute observation period.
- 3. Make sure printer is connected to Alco-Sensor IV.
- 4. Turn printer on.
- 5. Insert mouthpiece into Alco-Sensor IV.
- 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- 11. Press red button to eject mouthpiece.
- 12. Turn printer off.
- 13. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC <i>.000</i>
----------------------------------	--------------------

As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:

- 1. There was no deviation from the procedure approved by the department.
- 2. To the best of my knowledge the instrument was functioning properly.
- 3. I am authorized to operate the instrument.
- 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR <i>TJB J Prater</i>	PERMIT NO. <i>200117</i>	EXPIRATION DATE <i>3/3/22</i>
WITNESS (IF ANY)		DATE <i>06/24/20</i>

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICESTYPE III OPERATOR EXAM – ALCO-SENSOR IV WITH PRINTER

1. Cigarette smoking in the area immediately surrounding the Alco-Sensor IV is permissible.
 - a. True
 - b. False
2. List three test criteria which must be met before the Alco-Sensor IV will accept a breath sample as sufficient and valid:
 - a. Must blow hard enough
 - b. Must blow long enough
 - c. sample must diminish naturally
3. What is the first step of the Alco-Sensor IV with printer operational checklist?
 - a. 15 minute subject observation period
 - b. Examination of subject's mouth
 - c. Nothing, just start testing
4. According to the Missouri Department of Health and Senior Services, how long is the observation period prior to any breath-alcohol test?
 - a. No wait at all
 - b. 10 to 20 minutes
 - c. At least 15 minutes
5. Who is allowed to conduct the observation period of the subject?
 - a. A current Type II or Type III permit holder
 - b. Anyone standing around
 - c. A person training to be a permit holder
6. The Alco-Sensor IV should always be stored with the SET Button depressed to protect the fuel cell from environmental contaminates.
 - a. True
 - b. False
7. Once the display shows "TEST", how long does the subject have to provide a valid sample?
 - a. 60 – 70 seconds
 - b. 2 – 3 minutes
 - c. 15 minutes
8. To print a copy of the last test performed with an Alco-Sensor IV, you must press the _____ while inserting a mouthpiece, and press again until "PRNT PRE?" is displayed.
 - a. SET Button
 - b. MANUAL Button
 - c. RECALL Button
9. What is used to power on the Alco-Sensor IV?
 - a. SET Button
 - b. Insert mouthpiece
 - c. MANUAL Button

10. The Alco-Sensor IV is set up to operate at instrument temperatures of:
- a. 5 – 35 °C
 - b. 10 – 40 °C
 - c. 15 – 45 °C
 - d. 20 – 50 °C
11. If a subject gives an insufficient breath sample, the Alco-Sensor IV will display:
- a. NOGO
 - b. SET
 - c. Alternating ">" and "<" symbols
 - d. RFI!
12. If a subject quits blowing abruptly, the printer will print a test record with the message:
- a. SET PUSH
 - b. INSF SAMP
 - c. DEFICIENT SAMPLE
 - d. Subject Test: Man
13. What does the printed status message "INSF SAMP" mean?
- a. There is no alcohol in the breath at all
 - b. The subject gave three unsuccessful (NOGO) breath samples during the testing sequence
 - c. The time period for conducting a breath test has expired.
14. For every single breath test performed, you should carefully and correctly complete a/an:
- a. Maintenance Report
 - b. Operational Checklist
 - c. Narrative
15. If RFI is present, the message "RFI!" will be displayed.
- a. True
 - b. False
16. Once the mouthpiece has been properly inserted, the following information will scroll across the display: **(CIRCLE ALL THAT APPLY)**
- a. Alco-Sensor IV Serial Number
 - b. Date
 - c. Temperature in °F
 - d. Temperature in °C
 - e. Alco-Sensor IV Software Version Number
 - f. Time
 - g. Test Number
17. What does the purge do during the automated sequence?
- a. Pumps ambient (room) air through the sample chamber
 - b. Establishes a 0.000 reading if the fuel cell is free of alcohol
 - c. Monitors the electrical output of the fuel cell
18. Which of the following is the first step of the automated test sequence?
- a. A blank test
 - b. Monitoring for fuel cell stability
 - c. Purging sample cell and monitoring fuel cell stability

MATCH THE FOLLOWING MESSAGES WITH THEIR PROPER DEFINITIONS

- | | | |
|------------------------|--------------|--|
| NOGO | C | A. Subject did not provide a valid sample during time limit |
| SET | G | B. Radio frequency interference was detected during test |
| MEM/FULL | H | C. An insufficient sample was provided once or twice |
| RFI! | B | D. An insufficient sample was provided three times |
| Void: INSF SAMP | D | E. The SET button was pressed during the breath sample |
| Void: TIME OUT | A | F. Subject quit blowing abruptly |
| Void: DEFICIENT SAMPLE | F | G. Set button needs to be depressed |
| Void: SET PUSH | E | H. The internal memory is full |

MATCH THE FOLLOWING ITEMS WITH THEIR LOCATION ON A TEST PRINTOUT

For question 3, select which answer would result in a valid test.

1. Temperature
2. Numerical Result
3. Select from the following:
 - a. "Subject Test: Auto"
 - b. "Subject Test: Man"

AS IU Serial no: 062092
Version no: 532B

TEST RECORD 00708

Temp	Date	Time	al
		21:0L	
Air Blank:			
	01/10/17	21:30	.000
	23 01/10/17	21:30	.079

Subject Name _____

Subject I. I. _____

Operator Name, I.D. _____

Location _____

MATCH THE ITEMS ON THE DIAGRAM WITH THEIR PROPER DEFINITIONS

(Place the number for the appropriate item within the circle pointing to it on the diagram).

1. SET Button
2. Printer Cable Connection
3. Printer Power Indicator
4. Printer On Button
5. Mouthpiece
6. Mouthpiece Release Button
7. Printer Off Button
8. LED Display
9. RECALL Button

