

AS IV Serial no: 897412
Version no: 582B
TEST RECORD #0260
Time Date Time 210L
Air Blank: 02/18/21 00:15 .000
Calibration Check: 23 02/18/21 00:15 .079

Test # 1

Davidson 5646
290087 04/22/2021

AS IV Serial no: 897412
Version no: 582B
TEST RECORD #0261
Time Date Time 210L
Air Blank: 02/18/21 00:15 .000
Calibration Check: 23 02/18/21 00:15 .079

Test # 2

Davidson 5646
290087 04/22/2021

AS IV Serial no: 897412
Version no: 582B
TEST RECORD #0262
Time Date Time 210L
Air Blank: 02/18/21 00:15 .000
Calibration Check: 23 02/18/21 00:15 .079

Subject Name
Test # 3
Subject I.D.

Inspector Name: I.D.
Davidson 5646
Location
290087 04/22/2021

AS IV Serial no: 897412
Version no: 582B
TEST RECORD #0263
Time Date Time 210L
Air Blank: 02/18/21 00:15 .000
Calibration Check: 23 02/18/21 00:15 .079

Subject Name
RF I test
Subject I.D.

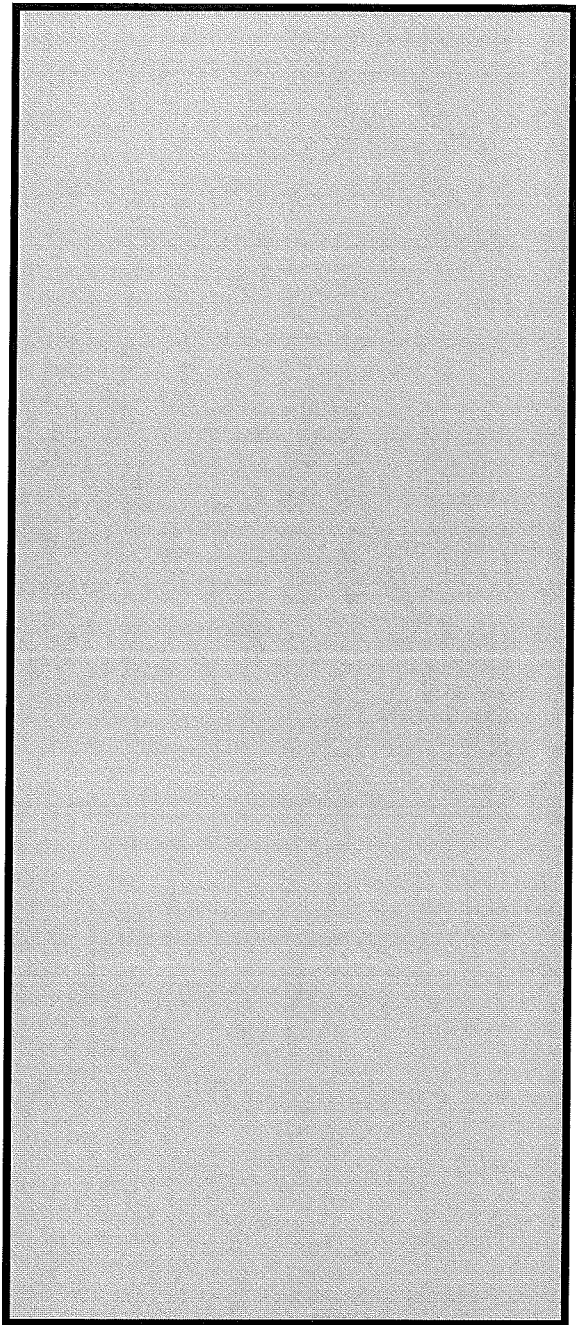
Inspector Name: I.D.
Davidson 5646
290087 04/22/2021

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

Case Number: _____

FORM #8

SUBJECT'S NAME		DATE OF TEST
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. 097412	LOCATION OF INSTRUMENT	
TIME OBSERVATION PERIOD STARTED	TIME OF TEST	
<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 <u>PO Davidson #5646</u> . 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 "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input checked="" type="checkbox"/> 8. When "SET" is displayed on Alco-Sensor IV, press SET button. <input checked="" type="checkbox"/> 9. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input checked="" type="checkbox"/> 10. Press red button to eject mouthpiece. <input checked="" type="checkbox"/> 11. Attach printout to this report.		
CERTIFICATION BY OPERATOR		BAC
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 checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department. <input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly. <input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.		
NAME OF OPERATOR PO Davidson #5646	PERMIT NO. 290087	EXPIRATION DATE 04/22/2021
NAME OF OBSERVER	OBSERVER PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)	DATE	





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



**PERMIT
TYPE II**
DOUGLAS DAVIDSON

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, INTOXILYZER 8000

the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 7.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

FE 4/22/2019

VBER 290087

PIRES 4/22/2021

3-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES
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 **DAVIDSON, DOUGLAS**
Permit No. **290087**
Date issued **4/22/2019** Date Expires **4/22/2021**



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: 13-Apr-2020

Lot # AG010103 **Model** 108cacc

Exp. Date	Cyl. Type	Component	Certified Concentration
10-Apr-2022	108	Ethanol Nitrogen	0.082 ± 0.002 BrAC (223 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
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2020.04.14 13:17:01 -0500
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