



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 062092	NAME OF AGENCY Jackson County Sheriff's Office	DATE OF INSPECTION 07/05/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064	TIME OF INSPECTION 4:40 pm
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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 OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG114701</u> EXP. DATE <u>05/27/2023</u>	
<input type="checkbox"/> SIMULATOR TEMPERATURE (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 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 ➡ .105	TEST 2 ➡ .104	TEST 3 ➡ .104
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RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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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 DHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Deputy Sean Stoff
TYPE II PERMIT NUMBER/EXPIRATION DATE 200304 12-11-2022	TELEPHONE NUMBER (816) 541-8017

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

152892

01598

Date Time 2

Blank
07/05/22 16:49
Calibration
20 00:00:00

TEST #1
Monthly Maint
STOFF #63
XSO GHR

TEST #2
Monthly Maint
STOFF #63
XSO GHR

TEST #3
Monthly Maint
STOFF #63
XSO GHR

REF TEST
Monthly Maint
STOFF #63
XSO GHR

MS TO Service
Version 1.0

11/1/20

Blank

07/05/22 16:49

Calibration

20 00:00:00

TEST #1

Monthly Maint

STOFF #63

XSO GHR

TEST #2

Monthly Maint

STOFF #63

XSO GHR

TEST #3

Monthly Maint

STOFF #63

XSO GHR

REF TEST

Monthly Maint

STOFF #63

XSO GHR



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

2

PERMIT
TYPE II
SEAN R. STOFF

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 12/11/2020

NUMBER 200304

EXPIRES 12/11/2022

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 STOFF, SEAN
Permit No 200304
Date Issued 12/11/2020 **Date Expires** 12/11/2022



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: 1-Jun-2021

Lot # AG114701 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 2021.06.03 17:37:33 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 111659	PRINTER SN 09B.3589.478	DATE OF INSPECTION 07/05/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 8:09 pm
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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.

<input type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG114701</u> EXP. DATE <u>05/27/2023</u>

<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

<input checked="" type="checkbox"/> 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 value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➡ .096	TEST 2 ➡ .096	TEST 3 ➡ .096
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING
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INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	1	(OVER .19)	2
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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

SIGNATURE 	PRINT NAME DEPUTY D.B. LOVE #61/0430
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220006 01/06/2024	TELEPHONE NUMBER (816) 524-4302
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Polar Bluff MO 63901

AS IU Serial no: 111659
Version no: 532B

TEST RECORD 00757

Temp Date Time 210L

Air Blank: 07/05/22 20:10 .000

Calibration Check: 32 07/05/22 20:10 .096

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

SCSD - GHQ

DHSS #220006

AS IU Serial no: 111659
Version no: 532B

TEST RECORD 00758

Temp Date Time 210L

Air Blank: 07/05/22 20:12 .000

Calibration Check: 32 07/05/22 20:12 .096

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. P.B. Love #61

Location

SCSD - GHQ

DHSS #220006

AS IU Serial no: 111659
Version no: 532B

TEST RECORD 00759

Temp Date Time 210L

Air Blank: 07/05/22 20:14 .000

Calibration Check: 32 07/05/22 20:14 .096

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

SCSD - GHQ

DHSS #220006

AS IU Serial no: 111659
Version no: 532B

TEST RECORD 00760

Temp Date Time 210L

VOID: RFI

12 07/05/22 20:15

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

SCSD - GHQ

DHSS #220006



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

2

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.

DATE 1/6/2022

NUMBER 220006

EXPIRES 1/6/2024

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

 **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 LOVE, DUSTIN
Permit No 220006
Date Issued 1/6/2022 Date Expires 1/6/2024





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: 1-Jun-2021

Lot # AG114701 Model 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 2021.06.03 17:37:33 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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	DATE OF INSPECTION 07/05/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, MO, 64064		TIME OF INSPECTION 8:38 pm

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 OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG114701 EXP. DATE 05/27/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ 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 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 ➡ .097 TEST 2 ➡ .097 TEST 3 ➡ .097

- RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	4	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	1	(OVER .19)	0
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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.

[Handwritten Signature]

INSPECTING OFFICER	
SIGNATURE	PRINT NAME DEPUTY D.B. LOVE #61/0430
TYPE II PERMIT NUMBER/EXPIRATION DATE 220006 01/06/2024	TELEPHONE NUMBER (816) 524-4302

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Potosi Bluff MO 63901

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 01180

Temp Date Time 210L

Air Blank: 07/05/22 20:45 .000
Calibration Check: 29 07/05/22 20:45 .097

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. D.B. Love #61
Location

SCSO - GHQ

DHSS #220006

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 01179

Temp Date Time 210L

Air Blank: 07/05/22 20:42 .000
Calibration Check: 29 07/05/22 20:42 .097

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. D.B. Love #61
Location

SCSO GHQ

DHSS 220006

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 01178

Temp Date Time 210L

Air Blank: 07/05/22 20:40 .000
Calibration Check: 29 07/05/22 20:40 .097

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. D.B. Love #61
Location

SCSO - GHQ

DHSS 220006

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 01181

Temp Date Time 210L

NOTE: REI
12 07/05/22 20:46

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. D.B. Love
Location

SCSO GHQ

DHSS 220006



STATE OF MISSOURI
 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.

DATE 1/6/2022

NUMBER 220006

EXPIRES 1/6/2024

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donna A. Kamm

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 LOVE, DUSTIN
 Permit No 220006
 Date Issued 1/6/2022 Date Expires 1/6/2024





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: 1-Jun-2021

Lot # AG114701 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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>
EB0010551	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: 2021.06.03 17:37:33 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.66
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 111643	PRINTER SN 09B.3589.470	DATE OF INSPECTION 07/05/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 8:54 pm
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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 OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION
- COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG114701 EXP. DATE 05/27/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ 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 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 ➡ .098	TEST 2 ➡ .098	TEST 3 ➡ .098
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- RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	1	(.15-.19)	0	(OVER .19)	0
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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 DHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME DEP. D.B. LOVE #61/0430
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220006 01/06/2024	TELEPHONE NUMBER (816) 524-4302
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Boulevard
 Poplar Bluff MO 63901

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00458

Temp Date Time 210L

Unit: RPI

12/07/05/22 20:54

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

JCSO - GHQ

DHSS 220006

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00459

Temp Date Time 210L

Unit: RPI

07/05/22 20:56 .000

Callibration Check:

25 07/05/22 20:56 .099

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

JCSO - GHQ

DHSS 220006

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00460

Temp Date Time 210L

Unit: RPI

07/05/22 20:57 .000

Callibration Check:

25 07/05/22 20:57 .099

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

JCSO - GHQ

DHSS 220006

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00461

Temp Date Time 210L

Unit: RPI

07/05/22 20:59 .000

Callibration Check:

25 07/05/22 20:59 .099

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

JCSO - GHQ

DHSS 220006



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

2

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.

DATE 1/6/2022

NUMBER 220006

EXPIRES 1/6/2024

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

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 LOVE, DUSTIN
Permit No 220006
Date Issued 1/6/2022 **Date Expires** 1/6/2024





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: 1-Jun-2021

Lot # AG114701 Model 108cacc

<u>Exp. Date</u> 27-May-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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
CC234593	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2021.06.03 17:37:33 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 062087	PRINTER SN 03A.2436.036	DATE OF INSPECTION 07/05/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064	TIME OF INSPECTION 9:42 pm
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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 OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG114701 EXP. DATE 05/27/2023

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ 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 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	TEST 2 ➡ .100	TEST 3 ➡ .101
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RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	1	(0-.04)	1	(.05-.09)	2	(.10-.14)	1	(.15-.19)	0	(OVER .19)	1
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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 DHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME DEP D.B. LOVE #61/0430
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220006 01/06/2024	TELEPHONE NUMBER (816) 541-8017
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Ponchar Bluff MO 63001

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01065

Temp Date Time 210L

Air Blank: 07/05/22 21:42 .000
Calibration Check: 23 07/05/22 21:42 .101

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

SCSO-GHQ

DHSS #220006

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01066

Temp Date Time 210L

Air Blank: 07/05/22 21:45 .000
Calibration Check: 24 07/05/22 21:45 .100

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

SCSO-GHQ

DHSS #220006

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01067

Temp Date Time 210L

Air Blank: 07/05/22 21:48 .000
Calibration Check: 25 07/05/22 21:48 .101

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

SCSO-GHQ

DHSS #220006

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01068

Temp Date Time 210L

VOID: RFI
12 07/05/22 21:49

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. D.B. Love #61

Location

SCSO-GHQ

DHSS #220006



STATE OF MISSOURI
 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.

DATE 1/6/2022

NUMBER 220006

EXPIRES 1/6/2024

Laura Q. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

MO 580-0771 (6-10)

 **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 LOVE, DUSTIN
Permit No 220006
Date Issued 1/6/2022 **Date Expires** 1/6/2024





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: 1-Jun-2021

Lot # AG114701 Model 108cadd

<u>Exp. Date</u> 27-May-2023	<u>Cyl. Type</u> 108	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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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: 2021.06.03 17:37:33 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.08
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 097411	PRINTER SN 03A.2436.096	DATE OF INSPECTION 06/08/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064		TIME OF INSPECTION 8:40 pm

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 OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG114701</u> EXP. DATE <u>05/27/2023</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	SIMULATOR SN _____ 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 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 ➡ .100	TEST 2 ➡ .099	TEST 3 ➡ .100
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RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	2	(0-.04)	0	(.05-.09)	4	(.10-.14)	3	(.15-.19)	2	(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 DHSS standards and guideline.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Dep. S. Plain #101/0448
TYPE II PERMIT NUMBER/EXPIRATION DATE 220007 01/06/2024	TELEPHONE NUMBER (816) 795-1960

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01261 ^{g/}
Temp Date Time 210L

Air Blank: 07/06/22 20:31 .000
Calibration Check: 31 07/06/22 20:31 .097

Subject Name
Monthly Maint.
Subject I.D.

Operator Name, I.D.
S.P. 107
Location
GH0

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01262 ^{g/}
Temp Date Time 210L

Air Blank: 07/06/22 20:34 .000
Calibration Check: 31 07/06/22 20:34 .098

Subject Name
Monthly Maint.
Subject I.D.

Operator Name, I.D.
S.P. 107
Location
GH0

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01263 ^{g/}
Temp Date Time 210L

Air Blank: 07/06/22 20:36 .000
Calibration Check: 30 07/06/22 20:36 .098

Subject Name
Monthly Maint.
Subject I.D.

Operator Name, I.D.
S.P. 107
Location
GH0

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 01264 ^{g/}
Temp Date Time 210L

VOID: RFI
12 07/06/22 20:39

Subject Name
Monthly Maint.
Subject I.D.

Operator Name, I.D.
S.P. 107
Location
GH0



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

2

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.

DATE 1/6/2022

Laura P. Way

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220007

EXPIRES 1/6/2024

Donna A. Kamm

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 PLAIN, SEAN
 Permit No 220007
 Date Issued 1/6/2022 Date Expires 1/6/2024





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: 1-Jun-2021

Lot # AG114701 **Model** 108cacc

Exp. Date

27-May-2023

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.

EB0010581

Concentration

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

RGM Serial No.

EB0010603

Concentration

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

CRM Serial No.

CC434668

Concentration

800.0 ppm

CC234503

253.0 ppm

CRM Serial No.

0056649

Concentration

390.1 ppm

0056662

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2021.06.03 17:37:33 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 111772	NAME OF AGENCY Jackson County Sheriff's Office	DATE OF INSPECTION 07/05/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064	TIME OF INSPECTION 4:23 pm
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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 OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG114701 EXP. DATE 05/27/2023

SIMULATOR TEMPERATURE (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 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

TEST 2 ➡ .100

TEST 3 ➡ .100

RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.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).

Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Deputy Sean Stoff
TYPE II PERMIT NUMBER/EXPIRATION DATE 200304 12-11-2022	TELEPHONE NUMBER (816) 541-8017

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 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: 1-Jun-2021

Lot # AG114701 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
27-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 2021.06.03 17:37:33 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2017 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

2

PERMIT
TYPE II
SEAN R. STOFF

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 12/11/2020

NUMBER 200304

EXPIRES 12/11/2022

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 STOFF, SEAN
Permit No 200304
Date Issued 12/11/2020 **Date Expires** 12/11/2022



AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00304
a/
Temp Date Time 210L

Air Blank: 07/05/22 16:23 .000
Calibration Check: 20 07/05/22 16:23 .101

Subject Name

TEST #1

Subject I.D.

Monthly Maint

Operator Name, I.D.

Staff #43

Location

JCSO G/HQ

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00305
a/
Temp Date Time 210L

Air Blank: 07/05/22 16:25 .000
Calibration Check: 21 07/05/22 16:25 .100

Subject Name

TEST #2

Subject I.D.

Monthly Maint

Operator Name, I.D.

Staff #43

Location

JCSO G/HQ

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00306
a/
Temp Date Time 210L

Air Blank: 07/05/22 16:27 .000
Calibration Check: 21 07/05/22 16:27 .100

Subject Name

TEST #3

Subject I.D.

Monthly Maint

Operator Name, I.D.

Staff #43

Location

JCSO G/HQ

AS IV Serial no: 111772
Version no: 532B

TEST RECORD 00307
a/
Temp Date Time 210L

VOID: RFI
12 07/05/22 16:28

Subject Name

RFI TEST

Subject I.D.

Monthly Maint

Operator Name, I.D.

Staff #43

Location

JCSO G/HQ



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

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 111765	NAME OF AGENCY Jackson County Sheriff's Office	DATE OF INSPECTION 07/05/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064	TIME OF INSPECTION 4:58 pm
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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 OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG114701</u> EXP. DATE <u>05/27/2023</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (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 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 ← .098	TEST 2 ← .097	TEST 3 ← .097
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RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	6	(0-.04)	0	(.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).

Instrument meets all DHSS standards and guidelines.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME Deputy Sean Stoff
TYPE II PERMIT NUMBER/EXPIRATION DATE 200304 12-11-2022	TELEPHONE NUMBER (816) 541-8017

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.



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

2

PERMIT
TYPE II
SEAN R. STOFF

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 12/11/2020

NUMBER 200304

EXPIRES 12/11/2022

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 STOFF, SEAN
Permit No 200304
Date Issued 12/11/2020 **Date Expires** 12/11/2022



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: 1-Jun-2021

Lot # AG114701 Model 108cadd

Exp. Date	Cyl. Type	Component	Certified Concentration
27-May-2023	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 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: 2021.06.03 17:37:33 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06

ISO 17034:2016 A2LA accredited. Certificate Number 3082.07

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00427 g/
Temp Date Time 210L

Air Blank: 07/05/22 16:58 .000
Calibration Check: 30 07/05/22 16:58 .098

Subject Name
TEST #1
Subject I.D.
Monthly Maint
Operator Name, I.D.
Staff #43
Location
JCSO GHD

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00428 g/
Temp Date Time 210L

Air Blank: 07/05/22 17:00 .000
Calibration Check: 30 07/05/22 17:00 .097

Subject Name
TEST #2
Subject I.D.
Monthly Maint
Operator Name, I.D.
Staff #43
Location
JCSO GHD

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00429 g/
Temp Date Time 210L

Air Blank: 07/05/22 17:01 .000
Calibration Check: 30 07/05/22 17:01 .097

Subject Name
TEST #3
Subject I.D.
Monthly Maint
Operator Name, I.D.
Staff #43
Location
JCSO GHD

AS IV Serial no: 111765
Version no: 532B

TEST RECORD 00430 g/
Temp Date Time 210L

VOID: RFI
12 07/05/22 17:02

Subject Name
RFI TEST
Subject I.D.
Monthly Maint
Operator Name, I.D.
Staff #43
Location
JCSO GHD