



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 062092	PRINTER SN 03A.2436.036	DATE OF INSPECTION 09/09/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064		TIME OF INSPECTION 7:45 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 ➡ .099	TEST 2 ➡ .099	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)	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 S. PLAIN #101/0448
TYPE II PERMIT NUMBER/EXPIRATION DATE 220007 01/06/2024	TELEPHONE NUMBER (816) 541-8017

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: 062091
Version no: 582B

TEST RECORD 01100

Temp Date Time 210L

Air Blank: 09/09/22 19:45 .099
Calibration Check: 09/09/22 19:45 .099

AS IV Serial no: 062092
Version no: 582B

TEST RECORD 01606

Temp Date Time 210L

Air Blank: 09/09/22 19:47 .099
Calibration Check: 09/09/22 19:47 .099

AS IV Serial no: 062092
Version no: 582B

TEST RECORD 01607

Temp Date Time 210L

Air Blank: 09/09/22 19:50 .099
Calibration Check: 09/09/22 19:50 .099

TEST RECORD 01100

Temp Date Time 210L

Air Blank: 09/09/22 19:52 .099
Calibration Check: 09/09/22 19:52 .099

Subject Name: Monthly Maint
Subject I.D.

TEST 1

Operator Name, I.D.

Staff W3

Location

JCSO GHR

Subject Name: Monthly Maint
Subject I.D.

TEST 2

Operator Name, I.D.

Staff W3

Location

JCSO GHR

Subject Name: Monthly Maint
Subject I.D.

TEST 3

Operator Name, I.D.

Staff W3

Location

JCSO GHR

Subject Name: Monthly Maint
Subject I.D.

RTE TEST

Operator Name, I.D.

Staff W3

Location

JCSO GHR



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



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 Q. Wang

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220007

Donald S. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 1/6/2024

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





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 09/08/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, MO, 64064	TIME OF INSPECTION 8:26 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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG114701</u>	EXP. DATE <u>05/27/2023</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____
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- 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 ➡ .096	TEST 2 ➡ .097	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	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	3	(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.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME S. STOFF#61
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200304 12-11-22	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



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



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: 097426
Version no: 532B

TEST RECORD 01204

Temp Date Time 210L
9/

Air Blank: 09/08/22 20:26 .000
Calibration Check: 24 09/08/22 20:26 .096

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. Staff #63/0911
Location

SCSO-GHQ

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 01205

Temp Date Time 210L
9/

Air Blank: 09/08/22 20:28 .000
Calibration Check: 25 09/08/22 20:28 .097

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. Staff #63/0911
Location

SCSO-GHQ

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 01206

Temp Date Time 210L
9/

Air Blank: 09/08/22 20:31 .000
Calibration Check: 25 09/08/22 20:31 .098

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. Staff #63/0911
Location

SCSO-GHQ

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 01207

Temp Date Time 210L
9/

VOID: RFI
12 09/08/22 20:32

Subject Name

Monthly Maint.
Subject I.D.

Operator Name, I.D.

Dep. Staff #63/0911
Location

SCSO-GHQ



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 09/08/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Ct., Lee's Summit, MO, 64064		TIME OF INSPECTION 8:03 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) 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 ⬅ .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	5	(0-.04)	0	(.05-.09)	1	(.10-.14)	2	(.15-.19)	2	(OVER .19)	4
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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).

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT NAME Deputy S. Stoff #63/0411
TYPE II PERMIT NUMBER EXPIRATION DATE 200304 12-11-2022	TELEPHONE NUMBER (816) 795-1960

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 108cacd

<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



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: 111765
Version no: 5328

TEST RECORD 00462

Temp Date Time 210L ^{g/}

Air Blank:

09/08/22 20:03 .000

Calibration Check:

27 09/08/22 20:03 .097

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. Staff #63/0911

Location

SCSO-GHQ

AS IV Serial no: 111765
Version no: 5328

TEST RECORD 00463

Temp Date Time 210L ^{g/}

Air Blank:

09/08/22 20:05 .000

Calibration Check:

27 09/08/22 20:05 .097

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep Staff #63/0911

Location

SCSO-GHQ

AS IV Serial no: 111765
Version no: 5328

TEST RECORD 00464

Temp Date Time 210L ^{g/}

Air Blank:

09/08/22 20:06 .000

Calibration Check:

27 09/08/22 20:06 .097

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep Staff #63/0911

Location

SCSO-GHQ

AS IV Serial no: 111765
Version no: 5328

TEST RECORD 00465

Temp Date Time 210L ^{g/}

VOID: RFI

12 09/08/22 20:07

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dep. Staff #63/0911

Location

SCSO-GHQ



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 09/08/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 8:16 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
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 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ➔ .097	TEST 2 ➔ .097	TEST 3 ➔ .096
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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)	1	(.10-.14)	1	(.15-.19)	1	(OVER .19)	3
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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 DEP. S STOFF #63/0411
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TYPE II PERMIT NUMBER/EXPIRATION DATE 200304 12-11-2022	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



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 108cacd

<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>
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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



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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200304

EXPIRES 12/11/2022

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: 111659
Version no: 532B

TEST RECORD 00781

Temp Date Time 210L
g/

Air Blank: 09/08/22 20:16 .000
Calibration Check: 24 09/08/22 20:16 .097

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. Staff #63/0411
Location JCSO-GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00782

Temp Date Time 210L
g/

Air Blank: 09/08/22 20:18 .000
Calibration Check: 24 09/08/22 20:18 .097

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. Staff #63/0411
Location JCSO-GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00783

Temp Date Time 210L
g/

Air Blank: 09/08/22 20:19 .000
Calibration Check: 25 09/08/22 20:19 .096

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. Staff #63/0411
Location JCSO-GHQ

AS IV Serial no: 111659
Version no: 532B

TEST RECORD 00784

Temp Date Time 210L
g/

VOID: RFI
12 09/08/22 20:20

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dg. Staff #63/0411
Location JCSO-GHQ



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 09/08/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 8:10 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 ➡ .096	TEST 3 ➡ .096
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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 DEP. S. STOFF
--	-----------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 200304 12-11-2022	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



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> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<u>CRM Serial No.</u> CC434668 CC234503	<u>Concentration</u> 800.0 ppm 253.0 ppm	<u>CRM Serial No.</u> 0056649 0056662	<u>Concentration</u> 390.1 ppm 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



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: 111643
Version no: 532B

TEST RECORD 00480

Temp Date Time 210L ^{g/}

Air Blank: 09/08/22 20:10 .000
Calibration Check: 25 09/08/22 20:10 .097

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dep. Staff #63/0911
Location SSCSO-GHQ

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00481

Temp Date Time 210L ^{g/}

Air Blank: 09/08/22 20:12 .000
Calibration Check: 26 09/08/22 20:12 .096

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dep. Staff #63/0911
Location SSCSO-GHQ

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00482

Temp Date Time 210L ^{g/}

Air Blank: 09/08/22 20:13 .000
Calibration Check: 26 09/08/22 20:13 .096

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dep. Staff #63/0911
Location SSCSO-GHQ

AS IV Serial no: 111643
Version no: 532B

TEST RECORD 00483

Temp Date Time 210L ^{g/}

VOID: RFI
12 09/08/22 20:14

Subject Name Monthly Maint.
Subject I.D.

Operator Name, I.D. Dep. Staff #63/0911
Location SSCSO-GHQ



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 09/08/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo 64064	TIME OF INSPECTION 8:56 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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG114701</u>	EXP. DATE <u>05/27/2023</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____
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- 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 ➡ .099	TEST 2 ➡ .099	TEST 3 ➡ .099
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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	4	(0-.04)	0	(.05-.09)	2	(.10-.14)	3	(.15-.19)	2	(OVER .19)	1
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

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 S. STOFF #63/0411
--	---------------------------------

TYPE II PERM NUMBER/EXPIRATION DATE 200304 12-11-2022	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
 Potosi Bluff, MO 63901

AS IV Serial no: 69241
Version no: 5828

TEST RECORD 91291

Temp Date Time 218L

Air Blank: 09/08/22 20:15:00
Calibration Check: 23 09/08/22 20:15:00

Subject Name
Monthly Maint.
Subject I.D.

Operator Name: J.N.
Location
Dep. Staff #63/04N
SSO - GHA

AS IV Serial no: 69241
Version no: 5828

TEST RECORD 91292

Temp Date Time 230

Air Blank: 09/08/22 20:30:00
Calibration Check: 23 09/08/22 20:30:00

Subject Name
Monthly Maint.
Subject I.D.

Operator Name: J.N.
Location
Dep. Staff #63/04N
SSO - GHA

AS IV Serial no: 69241
Version no: 5828

TEST RECORD 91293

Temp Date Time 230

Air Blank: 09/08/22 20:45:00
Calibration Check: 24 09/08/22 20:45:00

Subject Name
Monthly Maint.
Subject I.D.

Operator Name: J.N.
Location
Dep. Staff #63/04N
SSO - GHA

AS IV Serial no: 69241
Version no: 5828

TEST RECORD 91294

Temp Date Time 230

U010: R21
15 09/08/22 20:55:00

Subject Name
Monthly Maint.
Subject I.D.

Operator Name: J.N.
Location
Dep. Staff #63/04N
SSO - GHA



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



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**





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	PRINTER SN 03A.2436.036	DATE OF INSPECTION 09/08/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064	TIME OF INSPECTION 8:29 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 ➡ .100	TEST 2 ➡ .100	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	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 C. BENNETT
--	--------------------------

TYPE II PERM NUMBER/EXPIRATION DATE 210203 09-14-2023	TELEPHONE NUMBER (816) 541-8017
--	------------------------------------

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



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 108cacd

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



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



PERMIT
TYPE II
CHRISTOPHER BENNETT

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 EC/IR II

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

DATE 9/14/2021

NUMBER 210203

EXPIRES 9/14/2023

Laura A. Nacy

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 BENNETT, CHRISTOPHER
Permit No 210203
Date Issued 9/14/2021 **Date Expires** 9/14/2023



AS IU Serial no: 111772
Version no: 532B

TEST RECORD 00314

Temp Date Time 210L

Air Blank: 09/08/22 20:29 .000

Calibration Check: 23 09/08/22 20:29 .100

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dip. Bennet #81/0481

Location

SCSO-6HQ

AS IU Serial no: 111772
Version no: 532B

TEST RECORD 00315

Temp Date Time 210L

Air Blank: 09/08/22 20:30 .000

Calibration Check: 24 09/08/22 20:30 .100

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dip. Bennet #81/0481

Location

SCSO-6HQ

AS IU Serial no: 111772
Version no: 532B

TEST RECORD 00316

Temp Date Time 210L

Air Blank: 09/08/22 20:32 .000

Calibration Check: 24 09/08/22 20:32 .100

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dip. Bennet #81/0481

Location

SCSO-6HQ

AS IU Serial no: 111772
Version no: 532B

TEST RECORD 00317

Temp Date Time 210L

VOID: RFI

12 09/08/22 20:33

Subject Name

Monthly Maint.

Subject I.D.

Operator Name, I.D.

Dip. Bennet #81/0481

Location

SCSO-6HQ



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 09/08/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood CT Lees Summit MO 64064	TIME OF INSPECTION 8:51 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 ➡ .100	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	1	(0-.04)	0	(.05-.09)	2	(.10-.14)	2	(.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 DEP. C. BENNETT
---------------	-------------------------------

TYPE II PERMIT NUMBER/EXPIRATION DATE 210203 09-14-2023	TELEPHONE NUMBER (816) 541-8017
--	------------------------------------

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



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

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

 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
CHRISTOPHER BENNETT

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 EC/IR II

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

DATE 9/14/2021

Laura A. Noy

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210203

Donald A. Kamm

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 9/14/2023

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 **BENNETT, CHRISTOPHER**
Permit No **210203**
Date Issued **9/14/2021** Date Expires **9/14/2023**



AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01083

Temp Date Time 210L
9/

Air Blank: 09/08/22 20:51 .000
Calibration Check: 24 09/08/22 20:51 .100

Subject Name

MONTHLY MAINT

Subject I.D.

TEST 1

Operator Name, I.D.

DEP. BENNETT #81

Location

SSSO GHQ

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01084

Temp Date Time 210L
9/

Air Blank: 09/08/22 20:53 .000
Calibration Check: 24 09/08/22 20:53 .100

Subject Name

MONTHLY MAINT

Subject I.D.

TEST 2

Operator Name, I.D.

DEP. BENNETT #81

Location

SSSO GHQ

AS IV Serial no: 062087
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 01085

Temp Date Time 210L
9/

Air Blank: 09/08/22 20:56 .000
Calibration Check: 26 09/08/22 20:56 .100

Subject Name

MONTHLY MAINT

Subject I.D.

TEST 3

Operator Name, I.D.

DEP. BENNETT #81

Location

SSSO GHQ

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 01086

Temp Date Time 210L
9/

VOID: RFI
12 09/08/22 20:58

Subject Name

MONTHLY MAINT

Subject I.D.

TEST RET

Operator Name, I.D.

DEP. BENNETT #81

Location

SSSO GHQ