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By Tracy Crews at 7:53 am, Jun 03, 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 111334	PRINTER SN 099.3586.576	DATE OF INSPECTION 06/01/22
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E 3rd St Joplin MO 64801		TIME OF INSPECTION 2022

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 # AG133404 EXP. DATE 11-30-23

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 - .102	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	(0-.04)	(.05-.09) 1	(.10-.14) 2	(.15-.19)	(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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME H. Hinkle 1082
TYPE II PERMIT NUMBER/EXPIRATION DATE 210271 11/26/23	TELEPHONE NUMBER 417-623-3131

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: 111334
Version no: 532B

TEST RECORD 00387

Temp Date Time ^{s/} 210L

Air Blank:
06/01/22 20:30 .000
Calibration Check:
20 06/01/22 20:30 .101

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location

303 E 3rd St

Soplin MO 64801

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00385

Temp Date Time ^{s/} 210L

Air Blank:
06/01/22 20:27 .000
Calibration Check:
19 06/01/22 20:27 .098

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location

303 E 3rd St

Soplin MO 64801

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00388

Temp Date Time ^{s/} 210L

VOID: RPI
12 06/01/22 20:34

Subject Name

Test 4

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location

303 E 3rd St

Soplin MO 64801

AS IV Serial no: 111334
Version no: 532B

TEST RECORD 00386

Temp Date Time ^{s/} 210L

Air Blank:
06/01/22 20:28 .000
Calibration Check:
19 06/01/22 20:28 .102

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

H. Hinkle 1082

Location

303 E 3rd St

Soplin MO 64801



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-Dec-2021

Lot # AG133404 **Model** 55

Exp Date 30-Nov-2023	Cyl. Type 55	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	150.2 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)
 Date: 12.01.2021 20:11

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

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PERMIT
TYPE II
HAYDEN HINKLE

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, INTOXILYZER 8000

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 11/26/2021

NUMBER 210271

EXPIRES 11/26/2023

Laura P. Wang

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Donald A. Korman

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 590-0771 (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 HINKLE, HAYDEN
Permit No 210271
Date Issued 11/26/2021 **Date Expires** 11/26/2023



RECEIVED

By Tracy Crews at 12:27 pm, Nov 23, 2021

APPROVED

By Brian Lutmer at 7:27 am, Nov 24, 2021



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

APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS

THIS APPLICATION IS FOR
 NEW PERMIT RENEWAL CURRENT PERMIT NUMBER AND EXPIRATION DATE
 311689 8/16/23

PRINT FULL NAME TITLE AGE
 Hayden Hinkle Police officer 24

A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP TELEPHONE
 Soplin Police Department 417-623-3131

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)
 303 E 3rd St, Soplin, Mo, 64801

EMAIL ADDRESS
 hhinkle@soplin.mo.org

LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
 (Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE X BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
11-8-21 11-12-21	UCMO / MSC	36	Type II Supervisor	<input type="checkbox"/>	Lutmer
11-22-21	UCMO / MSC	8	Type II AS-IV Lab	<input checked="" type="checkbox"/>	Bond
11-23-21	UCMO / MSC	8	Type II 8000 Lab	<input checked="" type="checkbox"/>	Bond
				<input type="checkbox"/>	

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1.		
2.		
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT DATE
 [Signature] 11-23-21

RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
 Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901