



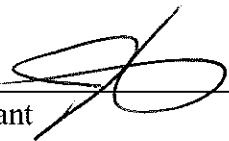
STATE OF MISSOURI     )  
  )  
COUNTY OF CHRISTIAN )

**AFFIDAVIT**

Before me, the undersigned authority, personally appeared Joshua Barton, who, being by me duly sworn, deposed as follows:

My name is Joshua Barton, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records for the Nixa Police Department Alco-Sensor IV with printer, located at the Nixa Police Department. Attached hereto are 6 pages from my Alco-Sensor IV with printer records. The 6 pages of records are kept by me, in the regular course of business, and it was the regular course of business of the Nixa Police Department for an employee or representative of the Nixa Police Department, with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are the original or exact duplicates of the original.

 403  
\_\_\_\_\_  
Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 23rd day December 2024.

\_\_\_\_\_  
Notary Public, County of Christian

(seal)

# Nixa Police Department

## Calibration Check Tickets

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02274

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/23/24 01:52 .000  
Calibration Check:  
26 12/23/24 01:52 .100

Subject Name

TEST 1  
Subject I.D.

Operator Name, I.D.

JO 403  
Location

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02275

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/23/24 01:54 .000  
Calibration Check:  
26 12/23/24 01:54 .101

Subject Name

TEST 2  
Subject I.D.

Operator Name, I.D.

JO 403  
Location

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02276

Temp Date Time <sup>s/</sup> 210L

Air Blank:  
12/23/24 01:57 .000  
Calibration Check:  
27 12/23/24 01:57 .100

Subject Name

TEST 3  
Subject I.D.

Operator Name, I.D.

JO 403  
Location

# Nixa Police Department

## RFI Evidence Ticket

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02277

Temp Date Time 210L  
s/

VOID: RFI  
12 12/23/24 02:00

Subject Name

*RFI*

Subject I.D.

Operator Name, I.D.

*[Signature]* 403  
Location

# Nixa Police Department

## Blank (Zero) Evidence Ticket

AS IV Serial no: 107987  
Version no: 532B

TEST RECORD 02278

Temp Date Time 210L  
s/

Air Blank:  
12/23/24 02:01 .000  
Subject Test: Auto  
27 12/23/24 02:01 .000

Subject Name

BLANK

Subject I.D.

Operator Name, I.D.

403  
Location



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **23390** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 18, 2023**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1207%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 17, 2025** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

*NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN03072301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*



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

2

**PERMIT**  
**TYPE II**  
**JOSHUA C. BARTON**

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 2/17/2023

NUMBER 230030

EXPIRES 2/17/2025

*Mile Massum*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave F. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 BARTON, JOSHUA  
 Permit No 230030  
 Date Issued 2/17/2023 Date Expires 2/17/2025

