



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

RECEIVED
 By Tracy Crews at 2:35 pm, Apr 05, 2023

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 108390	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 04/03/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712		TIME OF INSPECTION 4:03 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG215102</u> EXP. DATE <u>05/31/2024</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 .096	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	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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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).

Initial check was low but still within standards. Instrument was calibrated and monthly maintenance conducted. Changed time for daylight savings.

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME RYAN DEVOST
TYPE II PERMIT NUMBER/EXPIRATION DATE 210079 - 04/20/2023	TELEPHONE NUMBER (417) 466-2131

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

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00584

Temp Date Time ^{g/}210L

Air Blank:
04/03/23 16:03 .000
Calibration Check:
25 04/03/23 16:03 .093

Subject Name
INITIAL CHECK
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00585

Temp Date Time ^{g/}210L

Air Blank:
04/03/23 16:06 .000
Calibration Check:
26 04/03/23 16:06 .096

Subject Name
CALIBRATION
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00586

Temp Date Time ^{g/}210L

Air Blank:
04/03/23 16:08 .000
Calibration Check:
27 04/03/23 16:08 .096

Subject Name
TEST #1
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00587

Temp Date Time ^{g/}210L

Air Blank:
04/03/23 16:09 .000
Calibration Check:
27 04/03/23 16:09 .097

Subject Name
TEST #2
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00588

Temp Date Time ^{g/}210L

Air Blank:
04/03/23 16:11 .000
Calibration Check:
28 04/03/23 16:11 .097

Subject Name
TEST #3
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00589

Temp Date Time ^{g/}210L

VOID: RFI
12 04/03/23 16:12

Subject Name
RFI TEST
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00590

Temp Date Time ^{g/}210L

Air Blank:
04/03/23 16:14 .000
Calibration Check:
28 04/03/23 16:14 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Location

SOAK SAMPLE

Ray Dent



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-2022

Lot # AG215102 **Model** 108

Exp Date 31-May-2024	Cyl. Type 108	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	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)
 Date: 06.02.2022 17:18

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
RYAN DEVOST

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, 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 4/20/2021

NUMBER 210079

EXPIRES 4/20/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R0-10)

MO 680-0771 (0-10)

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 DEVOST, RYAN
 Permit No 210079
 Date Issued 4/20/2021 Date Expires 4/20/2023