



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 108390	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 12/20/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 7:34 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 # AG215102 EXP. DATE 05/31/2024

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 ➔ .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-.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).

CALIBRATION CHECK # 1 EXCEEDED SPREAD. INSTRUMENT WAS CALIBRATED AND FULL MAINTENANCE WAS PERFORMED. INSTRUMENT OPERATED WITHIN SPECS.

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME RYAN DEVOST
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TYPE II PERMIT NUMBER/EXPIRATION DATE 230066 - 04/07/2025	TELEPHONE NUMBER (417) 466-2131
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**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 00680

Temp Date Time <sup>9/</sup> 21OL

Air Blank:  
12/20/23 19:34 .000  
Calibration Check:  
21 12/20/23 19:34 102

Subject Name

*TEST # 1*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00682

Temp Date Time <sup>9/</sup> 21OL

Air Blank:  
12/20/23 19:46 .000  
Calibration:  
25 12/20/23 19:46 .096

Subject Name

*CALIBRATION*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00683

Temp Date Time <sup>9/</sup> 21OL

Air Blank:  
12/20/23 19:48 .000  
Calibration Check:  
26 12/20/23 19:48 .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 00684

Temp Date Time <sup>9/</sup> 21OL

Air Blank:  
12/20/23 19:50 .000  
Calibration Check:  
26 12/20/23 19:50 .096

Subject Name

*TEST # 2*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00685

Temp Date Time <sup>9/</sup> 21OL

Air Blank:  
12/20/23 19:51 .000  
Calibration Check:  
26 12/20/23 19:51 .096

Subject Name

*TEST # 3*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00686

Temp Date Time <sup>9/</sup> 21OL

Air Blank:  
12/20/23 19:53 .000  
Calibration Check:  
27 12/20/23 19:53 .000

Subject Name

*SOBER Sample*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00687

Temp Date Time <sup>9/</sup> 21OL

VOID: RFI  
12 12/20/23 19:54

Subject Name

*RFI TEST*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 1-Jun-2022

Customer Name  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

Lot # AG215102 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
31-May-2024	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

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
CG727481	800.0 ppm	CG727493	390.0 ppm
CG727496	253.0 ppm	CG727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)  
 Date: 00.02.2022 17:10

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



**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**

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 4/7/2023  
 NUMBER 230066  
 EXPIRES 4/7/2025

*Mike Massey*  
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. Nicholson*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 500-0771 (6-10)

LAB-1 (R0-10)

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 **230088**  
 Date Issued **4/7/2023** Date Expires **4/7/2025**

