



**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 111669	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 04/03/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 3:35 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 .098

TEST 2 .097

TEST 3 .096

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).

- Changed time - Daylight savings
- Replaced paper roll

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME RYAN DEVOST
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TYPE II PERMIT NUMBER/EXPIRATION DATE 210079 - 04/20/2023	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: 111669  
Version no: 532B

TEST RECORD 00173

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

Air Blank:  
04/03/23 15:35 .000  
Calibration Check:  
20 04/03/23 15:35 .098

Subject Name

*TEST #1*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00174

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

Air Blank:  
04/03/23 15:36 .000  
Calibration Check:  
22 04/03/23 15:36 .097

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00175

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

Air Blank:  
04/03/23 15:39 .000  
Calibration Check:  
23 04/03/23 15:39 .096

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00176

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

VOID: RFI  
12 04/03/23 15:41

Subject Name

*RFI TEST*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00177

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

Air Blank:  
04/03/23 15:42 .000  
Calibration Check:  
23 04/03/23 15:42 .000

Subject Name

*SOBER Sample*

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

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

Test Date: 1-Jun-2022

**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
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