



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

RECEIVED
 By Tracy Crews at 7:26 am, Aug 18, 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 111669 | NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE | DATE OF INSPECTION 08/16/2023 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712 | | TIME OF INSPECTION 6:27 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

- 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 → .098 | TEST 3 → .097 |
|---------------|---------------|---------------|

- 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) |
|----------|---------|-----------|-----------|-----------|------------|

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 RYAN DEVOST |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 230066 - 04/07/2025 | 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: 111669
Version no: 532B

TEST RECORD 00196

Temp Date Time ^{s/} 218L

Air Blank:
08/16/23 18:27 .000
Calibration Check:
21 08/16/23 18:27 .098

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00197

Temp Date Time ^{s/} 218L

Air Blank:
08/16/23 18:29 .000
Calibration Check:
21 08/16/23 18:29 .098

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00198

Temp Date Time ^{s/} 218L

Air Blank:
08/16/23 18:30 .000
Calibration Check:
22 08/16/23 18:30 .097

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00199

Temp Date Time ^{s/} 218L

Air Blank:
08/16/23 18:32 .000
Calibration Check:
22 08/16/23 18:32 .009

Subject Name

SOBER Sample

Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00200

Temp Date Time ^{s/} 218L

UOID: RFI
12 08/16/23 18:34

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

Pop 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



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 Messner

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (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 **DEVOST, RYAN**
 Permit No **230066**
 Date Issued **4/7/2023** Date Expires **4/7/2025**

