



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 02/22/2024 |
|-----------------------------|--|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712 | TIME OF INSPECTION 1:16 am |
|---|-------------------------------|

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

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).

Instrument was outside the parameters of the spread. Instrument was calibrated, and was followed by a full maintenance. Instrument tested within the allotted specifications and is operating correctly.

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: 108390
Version no: 532B

TEST RECORD 00705

Temp Date Time ^{g/}210L

Air Blank:
02/22/24 01:16 .000
Calibration Check:
27 02/22/24 01:16 .096

Subject Name

TEST #1 OF 1
Subject I.D.

CALIBRATION ONLY
Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00706

Temp Date Time ^{g/}210L

Air Blank:
02/22/24 01:18 .000
Calibration Check:
27 02/22/24 01:18 .096

Subject Name

TEST #1
Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00707

Temp Date Time ^{g/}210L

Air Blank:
02/22/24 01:20 .000
Calibration Check:
28 02/22/24 01:20 .096

Subject Name

TEST #2
Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00708

Temp Date Time ^{g/}210L

Air Blank:
02/22/24 01:22 .000
Calibration Check:
28 02/22/24 01:22 .096

Subject Name

TEST #3
Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00709

Temp Date Time ^{g/}210L

VOID: RFI
12 02/22/24 01:23

Subject Name

RFI TEST
Subject I.D.

Operator Name, I.D.

Location

Pop Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00710

Temp Date Time ^{g/}210L

Air Blank:
02/22/24 01:25 .000
Calibration Check:
29 02/22/24 01:25 .000

Subject Name

SOBER Sample
Subject I.D.

Operator Name, I.D.

Location

Pop Dent



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

2

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 300.111 through 300.119 RSMo.

DATE 4/7/2023

NUMBER 230066

EXPIRES 4/7/2025

Mike Mussman

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LA0-1 (06-10)

MO 500-0771 (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 analytical 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**



Airgas USA LLC (LAB)
 3600 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 63148

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 | 82.94 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 3082.08
 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07