



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

REPORT #7

RECEIVED

By Tracy Crews at 10:45 am, Mar 27, 2024

Complete this report in duplicate at the time of the regular monthly preventive 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 03/22/2024 |
|-----------------------------|--|----------------------------------|

| | |
|---|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712 | TIME OF INSPECTION 4:18 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 ← .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).

ADJUSTED FOR DAYLIGHT SAVINGS TIME

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 00249

Temp Date Time ^{9/}21OL

Air Blank:
03/22/24 16:18 .000
Calibration Check:
24 03/22/24 16:18 .093

Subject Name

TEST

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00250

Temp Date Time ^{9/}21OL

Air Blank:
03/22/24 16:26 .000
Calibration Check:
24 03/22/24 16:26 .096

Subject Name

CALIBRATION

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00251

Temp Date Time ^{9/}21OL

Air Blank:
03/22/24 16:27 .000
Calibration Check:
24 03/22/24 16:27 .096

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00252

Temp Date Time ^{9/}21OL

Air Blank:
03/22/24 16:28 .000
Calibration Check:
25 03/22/24 16:28 .096

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00253

Temp Date Time ^{9/}21OL

Air Blank:
03/22/24 16:30 .000
Calibration Check:
25 03/22/24 16:30 .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 00254

Temp Date Time ^{9/}21OL

VOID: RFI
12 03/22/24 16:31

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

RFI TEST

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00255
Temp Date Time ^{9/}21OL

Air Blank:
03/22/24 16:33 .000
Calibration Check:
25 03/22/24 16:33 .000

Subject Name

SOBER Sample

Subject I.D.

Operator Name, I.D.

Location

Ray Dent



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 31-May-2024 | Cyl. Type 108 | Component Ethanol Nitrogen | Certified Concentration 0.100 ± 2% B1AC (272 ppm) |
|-------------------------|------------------|----------------------------------|--|

Certification Traceable to N.I.S.T. CRM 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 | 82.84 ppm |
| EB0010681 | 82.22 ppm | | |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481 | 800.0 ppm | CC727493 | 390.0 ppm |
| CC727496 | 283.0 ppm | CC727498 | 150.0 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
 Reason: I am a standard conforming analyst
 Location: Airgas USA LLC (Lab)
 Date: 06.02.2022 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 300.111 through 300.119 RSMo.

DATE 4/7/2023

Mike Mason
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230066

David T. Nicholson
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/7/2025

LAO-1 (0-10)

MO 500-0771 (0-10)

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

INSTRUMENT OPERATOR CARD

The permit cardholder is authorized to operate an oxidantial 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**

