



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 119736	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 03/22/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 3:13 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

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).

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: 119736
Version no: 532C

TEST RECORD 00155

Temp Date Time ^{s/} 210L

Air Blank:
03/22/24 15:13 .000
Calibration Check:
25 03/22/24 15:13 .094

Subject Name

TEST

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00156

Temp Date Time ^{s/} 210L

Air Blank:
03/22/24 15:15 .000
Calibration:
26 03/22/24 15:15 .096

Subject Name

CALIBRATION

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00157

Temp Date Time ^{s/} 210L

Air Blank:
03/22/24 15:16 .000
Calibration Check:
26 03/22/24 15:16 .096

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00158

Temp Date Time ^{s/} 210L

Air Blank:
03/22/24 15:18 .000
Calibration Check:
26 03/22/24 15:18 .096

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00159

Temp Date Time ^{s/} 210L

Air Blank:
03/22/24 15:19 .000
Calibration Check:
27 03/22/24 15:19 .096

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736
Version no: 532C

TEST RECORD 00160

Temp Date Time ^{s/} 210L

VOID: RFI
12 03/22/24 15:21

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

→ OVER

AS IV Serial no: 119736
Version no: 5320

TEST RECORD 00161

Temp Date Time ^{g/} 210L

Air Blank:
03/22/24 15:23 .000
Calibration Check:
27 03/22/24 15:23 .000

Subject Name

SOBER Sample

Subject I.D.

Operator Name, I.D.

Location

[Signature]



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 111669	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 03/22/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 4:18 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).

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)
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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'm 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**