



**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 102473	PRINTER SN 08C.3527.124	DATE OF INSPECTION 07/02/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802	TIME OF INSPECTION 9:17 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 # AG830303 EXP. DATE 10/30/2020

SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR 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 .097

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)
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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).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
RYAN DEVOST

TYPE II PERMIT NUMBER/EXPIRATION DATE  
290083 Expires: 04/19/2021

TELEPHONE NUMBER  
(417) 868-4040

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



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:** 31-Oct-2018

**Lot #** AG830303 **Model** 108caccd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
30-Oct-2020	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2018.11.01 17:49:06 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Approved for Release: \_\_\_\_\_

  
Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 3082.06**



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 4/19/2019

NUMBER 290083

EXPIRES 4/19/2021

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 290083  
 Date Issued 4/19/2019 Date Expires 4/19/2021

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 01477

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

Air Blank:  
07/02/20 21:17 .000  
Calibration Check:  
26 07/02/20 21:17 .097

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

*My Det*

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 01478

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

Air Blank:  
07/02/20 21:18 .000  
Calibration Check:  
26 07/02/20 21:18 .098

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

*My Det*

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 01479

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

Air Blank:  
07/02/20 21:20 .000  
Calibration Check:  
27 07/02/20 21:20 .097

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

*My Det*

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 01480

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

VOID: RFI  
12 07/02/20 21:21

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

*My Det*

AS IV Serial no: 102473  
Version no: 532B

TEST RECORD 01481

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

Air Blank:  
07/02/20 21:23 .000  
Calibration Check:  
27 07/02/20 21:23 .000

Subject Name

SOBER Sample

Subject I.D.

Operator Name, I.D.

Location

*My Det*