



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

**RECEIVED**  
 By Tracy Crews at 2:54 pm, May 04, 2020

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 111318	PRINTER SN 096.3580.958	DATE OF INSPECTION 03/26/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) GREENE COUNTY S/O - 1010 N. BOONVILLE AVE, SPRINGFIELD, MO 65802	TIME OF INSPECTION 12:00 am
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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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> LOT # <u>AG830303</u> EXP. DATE <u>10/30/2020</u>	
<input type="checkbox"/> 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 ➔ .098	TEST 2 ➔ .100	TEST 3 ➔ .099
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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)

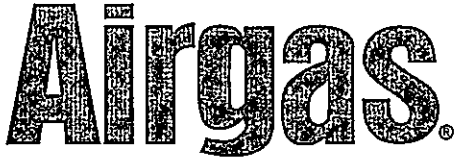
REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

- Adjusted time for daylight savings (Earlier in the month)

<b>INSPECTING OFFICER</b>	
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 108cadd**

<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



**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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290083

EXPIRES 4/19/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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: 111318  
Version no: 532B

TEST RECORD 00185

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

Air Blank:  
03/26/20 00:00 .000  
Calibration Check:  
20 03/26/20 00:00 .098

Subject Name

*TEST #1*

Subject I.D.

Operator Name, I.D.

Location

*Roy Dent*

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00186

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

Air Blank:  
03/26/20 00:01 .000  
Calibration Check:  
21 03/26/20 00:01 .100

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

*Roy Dent*

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00187

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

Air Blank:  
03/26/20 00:03 .000  
Calibration Check:  
22 03/26/20 00:03 .099

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

*Roy Dent*

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00188

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

Air Blank:  
03/26/20 00:04 .000  
Calibration Check:  
22 03/26/20 00:04 .000

Subject Name

*SOBER Sample*

Subject I.D.

Operator Name, I.D.

Location

*Roy Dent*

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00189

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

VOID: RFI  
12 03/26/20 00:05

Subject Name

*RFI TEST*

Subject I.D.

Operator Name, I.D.

Location

*Roy Dent*