



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 108390	PRINTER SN 099.3586.811	DATE OF INSPECTION 05/20/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) LAWRENCE COUNTY S/O - 240 N. MAIN ST. - MOUNT VERNON, MO 65712	TIME OF INSPECTION 17:28
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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>AG027903</u> EXP. DATE <u>10/05/2022</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 ← .100	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) 1	(.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
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TYPE II PERMIT NUMBER/EXPIRATION DATE 210079 - Expires: 04/20/2023	TELEPHONE NUMBER 417 466-2131
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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

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00408

Temp Date Time ^{s/} 210L

Air Blank:
05/20/21 19:25 .000
Calibration Check:
21 05/20/21 19:25 .100

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

Reg Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00409

Temp Date Time ^{s/} 210L

Air Blank:
05/20/21 19:26 .000
Calibration Check:
22 05/20/21 19:26 .100

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

Reg Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00410

Temp Date Time ^{s/} 210L

Air Blank:
05/20/21 19:28 .000
Calibration Check:
23 05/20/21 19:28 .099

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

Reg Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00411

Temp Date Time ^{s/} 210L

VOID: RFI
12 05/20/21 19:30

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

Reg Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00412

Temp Date Time ^{s/} 210L

Air Blank:
05/20/21 19:32 .000
Calibration Check:
25 05/20/21 19:32 .000

Subject Name

SOBER Sample

Subject I.D.

Operator Name, I.D.

Location

Reg Dent



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: 6-Oct-2020

Lot # AG027903 Model 55cadd

Exp. Date

5-Oct-2022

Cyl. Type

55

Component

Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

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

RGM Serial No.

EB0010581

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

150.2 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2020.10.07 15:09:30 -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

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, 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 4/20/2021

NUMBER 210079

EXPIRES 4/20/2023

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 210079
Date Issued 4/20/2021 **Date Expires** 4/20/2023



RECEIVED

By Tracy Crews at 7:36 am, Apr 08, 2021

APPROVED

By Brian Lutmer at 9:01 am, Apr 20, 2021

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM**APPLICATION FOR TYPE II PERMIT FOR OPERATION OF BREATH ALCOHOL ANALYZERS**

THIS APPLICATION IS FOR <input type="checkbox"/> NEW PERMIT <input checked="" type="checkbox"/> RENEWAL	CURRENT PERMIT NUMBER AND EXPIRATION DATE 290083 - 04/19/2021
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PRINT FULL NAME RYAN DEVOST	TITLE DEPUTY SHERIFF	AGE 40
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A disclosure concerning your SSN number is available at:
<http://www.health.mo.gov/lab/breathalcohol/>

DEPARTMENT OR TROOP LAWRENCE COUNTY SHERIFF'S OFFICE	TELEPHONE (417) 466-2131
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BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE) 240 N. MAIN ST STE# 10 - MT. VERNON, MO 65712

EMAIL ADDRESS officerdevost@gmail.com - rdevost@lawrencecosheriff.com
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LIST ALL ORIGINAL TRAINING COURSES FOR OPERATION OF BREATH ANALYZERS
(Also, please place a checkmark beside ALL breath analyzer(s) for which you are requesting a permit.)

DATES OF COURSE	LOCATION OF COURSE	COURSE LENGTH (HRS.)	NAME & MODEL OF BREATH ANALYZER	PLACE A ✓ BESIDE INSTRUMENTS FOR WHICH YOU REQUEST	NAME OF INSTRUCTOR
02/2008	DRURY LE ACADEMY	24	DATAMASTER	<input type="checkbox"/>	CLAWSON
04/2015	UCMO / MSC	40	SUPV. COURSE	<input type="checkbox"/>	Lutmer/Wel
04/2015	UCMO / MSC	8	AS-IV W/ PRINTER	<input checked="" type="checkbox"/>	WELSH
04/2015	UCMO / MSC	14	INTOX EC/IR II	<input checked="" type="checkbox"/>	WELSH

List the manufacturer and name of instruments for which you are currently performing maintenance reports on and the number of maintenance reports performed on EACH type in the last year.

MANUFACTURER AND NAME OF INSTRUMENT	NUMBER OF MAINTENANCE REPORTS	NUMBER OF SUBJECT TESTS
1. AS-IV W/ PRINTER	16	90
2. INTOX EC-IR II	12	13
3.		

When adding a new instrument, you receive a new two (2) year permit. Therefore, normal renewal procedures apply for the instrument(s) on your current permit that you wish to transfer to the new permit. Disregarding these renewal procedures will result in a new permit for the new instrument only.

To renew a Type II Permit, the applicant shall have completed two (2) Maintenance Reports and shall have performed at least ten (10) tests on drinking subjects in the past year on each instrument for which renewal is requested. If these conditions are not met, or the permit has expired for more than thirty (30) days, the applicant shall perform two (2) Maintenance Reports and five (5) self-administered tests for each breath analyzer for which renewal is requested. Copies of the Maintenance Reports along with the Operational checklists and printouts for the five (5) self-administered tests shall accompany the application for renewal.

SIGNATURE OF APPLICANT 	DATE 04/07/2021
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RETURN COMPLETED APPLICATION TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901