



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	PRINTER SN 09B.3589.550	DATE OF INSPECTION 02/27/2021
LOCATION OF INSTRUMENT (STREET AND CITY) LAWRENCE COUNTY S/O - 240 N. MAIN ST. - MOUNT VERNON, MO 65712		TIME OF INSPECTION 2036

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 # AG027903 EXP. DATE 10/05/2022

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 .099	TEST 2 .102	TEST 3 .102
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME RYAN DEVOST
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TYPE II PERMIT NUMBER/EXPIRATION DATE 290083 Expires: 04/19/2021	TELEPHONE NUMBER 417 452-2099
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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: 111669
Version no: 532B

TEST RECORD 00022

Temp Date Time ^{a/} 210L

Air Blank:
02/27/21 20:36 .000
Calibration Check:
20 02/27/21 20:36 .099

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00023

Temp Date Time ^{a/} 210L

Air Blank:
02/27/21 20:38 .000
Calibration Check:
21 02/27/21 20:38 .102

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00024

Temp Date Time ^{a/} 210L

Air Blank:
02/27/21 20:40 .000
Calibration Check:
22 02/27/21 20:40 .102

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00025

Temp Date Time ^{a/} 210L

Air Blank:
02/27/21 20:42 .000
Calibration Check:
22 02/27/21 20:42 .000

Subject Name

SOBER Sample

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00026

Temp Date Time ^{a/} 210L

VOID: RFI
12 02/27/21 20:44

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

COPY

AS IV Serial no: 111669
Version no: 532B

AS IV Serial no: 111669
Version no: 532B

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00022

TEST RECORD 00023

TEST RECORD 00024

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Air Blank:
02/27/21 20:36 .000
Calibration Check:
20 02/27/21 20:36 .099

Air Blank:
02/27/21 20:38 .000
Calibration Check:
21 02/27/21 20:38 .102

Air Blank:
02/27/21 20:40 .000
Calibration Check:
22 02/27/21 20:40 .102

Subject Name

Subject Name

Subject Name

TEST #1

TEST #2

TEST #3

Subject I.D.

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Operator Name, I.D.

Location

Location

Location

[Signature]

[Signature]

[Signature]

AS IV Serial no: 111669
Version no: 532B

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00025

TEST RECORD 00026

Temp Date Time ^{s/} 210L

Temp Date Time ^{s/} 210L

Air Blank:
02/27/21 20:42 .000
Calibration Check:
22 02/27/21 20:42 .000

VOID: RFI
12 02/27/21 20:44

Subject Name

Subject Name

SOBER Sample

RFI TEST

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Location

Location

[Signature]

[Signature]



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 55cacd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
5-Oct-2022	55	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

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

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM 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

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 ppm	0056662	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 4/19/2019

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