



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 05/20/2021
LOCATION OF INSTRUMENT (STREET AND CITY) LAWRENCE COUNTY S/O - 240 N. MAIN ST. - MOUNT VERNON, MO 65712		TIME OF INSPECTION 1842

**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 ← .098	TEST 2 ← .098	TEST 3 ← .098
---------------	---------------	---------------

- 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)
----------	---------	-----------	-----------	-----------	------------

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 210079 Expires: 04/20/2023	TELEPHONE NUMBER 417 466-2131

**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

AS IV Serial no: 111669  
Version no: 532B

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00036

TEST RECORD 00037

TEST RECORD 00038

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

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

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

Air Blank:  
05/20/21 18:42 .000  
Calibration Check:  
19 05/20/21 18:42 .098

Air Blank:  
05/20/21 18:44 .000  
Calibration Check:  
19 05/20/21 18:44 .098

Air Blank:  
05/20/21 18:45 .000  
Calibration Check:  
20 05/20/21 18:45 .098

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

*Ray Bent*

*Ray Bent*

*Ray Bent*

AS IV Serial no: 111669  
Version no: 532B

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00039

TEST RECORD 00040

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

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

VOID: RFI  
12 05/20/21 18:47

Air Blank:  
05/20/21 18:48 .000  
Calibration Check:  
20 05/20/21 18:48 .000

Subject Name

Subject Name

*RFI TEST*

*SOBER Sample*

Subject I.D.

Subject I.D.

Operator Name, I.D.

Operator Name, I.D.

Location

Location

*Ray Bent*

*Ray Bent*



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**

<b>Exp. Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
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:

<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>RGM Serial No.</u></b>	<b><u>Concentration</u></b>
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
<b><u>CRM Serial No.</u></b>	<b><u>Concentration</u></b>	<b><u>CRM Serial No.</u></b>	<b><u>Concentration</u></b>
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 4/20/2021

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
--	--

PRINT FULL NAME RYAN DEVOST	TITLE DEPUTY SHERIFF	AGE 40
--------------------------------	-------------------------	-----------

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
---	-----------------------------

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
--

**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
----------------------------	--------------------

**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