



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	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 03/15/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712		TIME OF INSPECTION 1:36 pm

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) _____ SIM. SN _____ SIM. NIST 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 → .104	TEST 2 → .101	TEST 3 → .100
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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
TYPE II PERMIT NUMBER/EXPIRATION DATE 210079 - 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 by mail, fax, or email.

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00473

Temp Date Time ^{9/}210L

Air Blank:
03/10/22 13:36 .000
Calibration Check:
12 03/10/22 13:36 .104

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00474

Temp Date Time ^{9/}210L

Air Blank:
03/10/22 13:39 .000
Calibration Check:
15 03/10/22 13:39 .101

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00475

Temp Date Time ^{9/}210L

Air Blank:
03/10/22 13:41 .000
Calibration Check:
17 03/10/22 13:41 .100

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00476

Temp Date Time ^{9/}210L

VOID: RFI
12 03/10/22 13:42

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390
Version no: 532B

TEST RECORD 00477

Temp Date Time ^{9/}210L

Air Blank:
03/10/22 13:44 .000
Calibration Check:
20 03/10/22 13:44 .000

Subject Name

SOBER Sample

Subject I.D.

Operator Name, I.D.

Location

Ray 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 Cralg Road
 St. Louis, Mo 63146

Test Date: 6-Oct-2020

Lot # AG027903 Model 55cadd

<u>Exp. Date</u> 5-Oct-2022	<u>Cyl. Type</u> 55	<u>Component</u> Ethanol Nitrogen	<u>Certified Concentration</u> 0.100 ± 2% BrAC (272 ppm) Balance
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

<u>RGM Serial No.</u> EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	<u>Concentration</u> 392.1 ppm 259.8 ppm 208.0 ppm 103.6 ppm 52.12 ppm	<u>RGM Serial No.</u> EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	<u>Concentration</u> 393.0 ppm 258.2 ppm 208.3 ppm 104.2 ppm 52.81 ppm
<u>CRM Serial No.</u> CC434668 CC234503	<u>Concentration</u> 800.0 ppm 253.0 ppm	<u>CRM Serial No.</u> 0056649 0056662	<u>Concentration</u> 390.1 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2020.10.07 16:09:30 -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

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 210079

EXPIRES 4/20/2023

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO:680-0771 (0-10)

LAB-4 (R0-10)

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 210079
 Date issued 4/20/2021 Date Expires 4/20/2023