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By Tracy Crews at 11:12 am, Sep 15, 2022



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 09/13/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 6:43 pm
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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**

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 → .096	TEST 2 → .096	TEST 3 → .096
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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 210079 - 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 by mail, fax, or email.

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00518

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
09/13/22 18:43 .000  
Calibration Check:  
35 09/13/22 18:43 .096

Subject Name  
TEST # 1  
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00519

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
09/13/22 18:45 .000  
Calibration Check:  
35 09/13/22 18:45 .096

Subject Name  
TEST # 2  
Subject I.D.  
Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00520

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
09/13/22 18:47 .000  
Calibration Check:  
34 09/13/22 18:47 .096

Subject Name  
TEST # 3  
Subject I.D.  
Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00521

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
09/13/22 18:49 .000  
Calibration Check:  
34 09/13/22 18:49 .000

Subject Name  
SOBER Sample  
Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00522

Temp Date Time 210L <sup>9/</sup>

VOID: RFI  
12 09/13/22 18:50

Subject Name  
RFI TEST  
Subject I.D.  
Operator Name, I.D.

Location

Ray Dent



STATE OF MISSOURI  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BREATH ALCOHOL PROGRAM

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**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 (8-10)

LAB-4 (R8-10)

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

