



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 10:46 am, Dec 16, 2022

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	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 12/15/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712		TIME OF INSPECTION 3:20 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG215102</u> EXP. DATE <u>05/31/2024</u>
<input type="checkbox"/> 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 .098	TEST 2 .098	TEST 3 .098
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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: 111669
Version no: 532B

TEST RECORD 00148

Temp Date Time ^{g/} 210L

Air Blank
12/15/22 15:20 .000
Calibration Check:
22 12/15/22 15:20 .098

Subject Name

TEST #1

Subject I.D.

Operator Name: I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00149

Temp Date Time ^{g/} 210L

Air Blank:
12/15/22 15:22 .000
Calibration Check:
27 12/15/22 15:22 .098

Subject Name

TEST #2

Subject I.D.

Operator Name: I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00150

Temp Date Time ^{g/} 210L

Air Blank:
12/15/22 15:26 .000
Calibration Check:
28 12/15/22 15:26 .098

Subject Name

TEST #3

Subject I.D.

Operator Name: I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00151

Temp Date Time ^{g/} 210L

Air Blank:
12/15/22 15:29

Subject Name

RFI TEST

Subject I.D.

Operator Name: I.D.

Location

Ray Dent

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00152

Temp Date Time ^{g/} 210L

Air Blank:
12/15/22 15:30 .000
Calibration Check:
29 12/15/22 15:30 .098

Subject Name

SOBER Sample

Subject I.D.

Operator Name: I.D.

Location

Ray Dent



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

MO-580-0771 (6-10)

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**