



**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 05/22/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 7:39 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG333203</u> EXP. DATE <u>11/28/2025</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  .097	TEST 2  .098	TEST 3  .097
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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 230066 - 04/07/2025	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 00734

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

Air Blank:  
05/22/24 19:39 .000  
Calibration Check:  
19 05/22/24 19:39 .097

Subject Name

*TEST #1*

Subject I.D.

Operator Name, I.D.

Location

*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00735

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

Air Blank:  
05/22/24 19:41 .000  
Calibration Check:  
19 05/22/24 19:41 .098

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00736

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

Air Blank:  
05/22/24 19:42 .000  
Calibration Check:  
20 05/22/24 19:42 .097

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00737

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

VOID: RFI  
12 05/22/24 19:44

Subject Name

*RFI TEST*

Subject I.D.

Operator Name, I.D.

Location

*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00738

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

Air Blank:  
05/22/24 19:45 .000  
Calibration Check:  
20 05/22/24 19:45 .000

Subject Name

*SOBER Sample*

Subject I.D.

Operator Name, I.D.

Location

*Pop 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 Craig Road  
St. Louis, Mo 63146

**Test Date:** 29-Nov-2023

**Lot #** AG333203 **Model** 108

<b>Exp Date</b>	<b>Cyl. Type</b>	<b>Component</b>	<b>Certified Concentration</b>
28-Nov-2025	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm)

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

<b>RGM Serial No.</b>	<b>Concentration</b>	<b>RGM Serial No.</b>	<b>Concentration</b>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

<b>CRM Serial No.</b>	<b>Concentration</b>	<b>CRM Serial No.</b>	<b>Concentration</b>
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
Reason:Dry gas standard certification of analysis  
Location:Airgas USA LLC (Lab)  
Date:11.30.2023 17:29

**Approved for Release:** \_\_\_\_\_

Yusef Woods

**ISO 17025:2017 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

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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

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 500.111 through 500.119 RSMo.

DATE 4/7/2023

*Mike Morrison*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230066

*Paul W. Richardson*

EXPIRES 4/7/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAD-1 (10-10)

MO 500-0771 (0-10)

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

**INSTRUMENT OPERATOR CARD**

The named cardholder is permitted 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 **200000**  
Date Issued **4/7/2020** Date Expires **4/7/2026**

