



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

**RECEIVED**  
 By Tracy Crews at 7:14 am, Sep 06, 2024

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 08/29/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 9:26 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  .096	TEST 2  .095	TEST 3  .095
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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).

Instrument was operating outside the spread perimeters. As such, it was calibrated and re-checked for accuracy. Instrument was functioning properly and put back into service.

**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 00754

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

Air Blank:  
08/29/24 21:26 .000  
Calibration Check:  
20 08/29/24 21:26 .100

Subject Name  
*TEST #1*  
Subject I.D.

Operator Name, I.D.

Location  
*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00755

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

Air Blank:  
08/29/24 21:28 .000  
Calibration Check:  
20 08/29/24 21:28 .104

Subject Name  
*TEST #2*  
Subject I.D.

Operator Name, I.D.

Location  
*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00757

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

Air Blank:  
08/29/24 21:35 .000  
Calibration:  
23 08/29/24 21:35 .096

Subject Name  
*CALIBRATION*  
Subject I.D.

Operator Name, I.D.

Location  
*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00758

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

Air Blank:  
08/29/24 21:36 .000  
Calibration Check:  
24 08/29/24 21:36 .096

Subject Name  
*TEST #1*  
Subject I.D.

Operator Name, I.D.

Location  
*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00759

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

Air Blank:  
08/29/24 21:38 .000  
Calibration Check:  
24 08/29/24 21:38 .095

Subject Name  
*TEST #2*  
Subject I.D.

Operator Name, I.D.

Location  
*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00760

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

Air Blank:  
08/29/24 21:40 .000  
Calibration Check:  
24 08/29/24 21:40 .095

Subject Name  
*TEST #3*  
Subject I.D.

Operator Name, I.D.

Location  
*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00761

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

Air Blank:  
08/29/24 21:42 .000  
Calibration Check:  
24 08/29/24 21:42 .000

Subject Name  
*Sorser Sample*  
Subject I.D.

Operator Name, I.D.

Location  
*Pop Dent*

AS IV Serial no: 108390  
Version no: 532B

TEST RECORD 00762

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

VOID: RF  
12 08/29/24 21:43

Subject Name  
*RFE TEST*  
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

Exp Date 28-Nov-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAC (272 ppm)
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Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
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		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
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



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 alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 600.111 through 600.119 RSMo.

DATE 11/7/2023

NUMBER 280066

EXPIRES 11/7/2028

Mo 5000771 (6-10)

*M. L. M...*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Daniel M. Neenan*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 (Adm 106.10)

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

**INSTRUMENT OPERATOR CARD**

The permit holder is authorized to operate an approved breath alcohol instrument for the determination of the alcohol content in breath from an individual.

Operator DEVOST, RYAN  
 Permit No 280066  
 Date Issued 11/7/2023 Date Expires 11/7/2028

