



**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 111669	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 04/24/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 8:58 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>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  .099	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 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: 111669  
Version no: 532B

TEST RECORD 00257

Temp Date Time 21OL

Air Blank:  
04/24/24 20:58 .000  
Calibration Check:  
22 04/24/24 20:58 .099

Subject Name

TEST #1  
Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00258

Temp Date Time 21OL

Air Blank:  
04/24/24 20:59 .000  
Calibration Check:  
22 04/24/24 20:59 .098

Subject Name

TEST #2  
Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00259

Temp Date Time 21OL

Air Blank:  
04/24/24 21:01 .000  
Calibration Check:  
23 04/24/24 21:01 .098

Subject Name

TEST #3  
Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00260

Temp Date Time 21OL

Air Blank:  
04/24/24 21:03 .000  
Calibration Check:  
23 04/24/24 21:03 .000

Subject Name

SUBER Sample  
Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00261

Temp Date Time 21OL

VOID: RFI  
12 04/24/24 21:04

Subject Name

RFI TEST  
Subject I.D.

Operator Name, I.D.

Location

*[Signature]*



Airgas USA LLO (LAB)  
 3800 Bernard Street  
 St. Louis, Mo, 63103  
 Ph: (314) 833-3100  
 Fax: (314) 833-7328

### Certificate of Analysis

Test Date: 1-Jun-2022

Customer Name:  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63148

Lot # AG215102 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
31-May-2024	108	Ethanol Nitrogen	0.100 ± 2% B1AC (272 ppm)

Certification Traceable to NIST, RGM and to CRM Ethanol Standards

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010801	391.8 ppm	EB0010803	392.5 ppm
EB0010870	289.8 ppm	EB0010889	289.9 ppm
EB0010208	208.0 ppm	EB0010882	104.2 ppm
EB0010881	103.7 ppm	EB0010879	82.84 ppm
EB0010881	82.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CG727481	300.0 ppm	CG727493	300.0 ppm
CG727496	283.0 ppm	CG727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
 Reason: I am a signed certification of analysis  
 Location: Airgas USA LLO (Lab)  
 Date: 2022.06.01 17:11:00

Approved for Release: Rod Marsala  
 Rod Marsala

ISO 17025:2017 A2LA accredited, Certificate Number 3082.08  
 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 alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 677.020 through 677.041, RSMo and 300.111 through 300.119 RSMo.

DATE 4/7/2023

NUMBER 230066

EXPIRES 4/7/2025

MO 500-0771 (0-10)

*Mike Morrison*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David W. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAO-1 (04-10)

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 alcohol content in breath form of expired air in Missouri.

Operator **DEVOST, RYAN**  
Permit No **200000**  
Date Issued **4/7/2023** Date Expires **4/7/2025**

