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By Tracy Crews at 10:03 am, Oct 04, 2024



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 111669	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 10/03/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712		TIME OF INSPECTION 8:07 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .099	TEST 2 .099	TEST 3 .099
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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 00285

Temp Date Time ^{9/} 210L

Air Blank:
10/03/24 20:07 .000
Calibration Check:
29 10/03/24 20:07 .099

Subject Name

TEST #1

Subject I.D.

Operator Name, I.D.

Location

[Signature]

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00286

Temp Date Time ^{9/} 210L

Air Blank:
10/03/24 20:11 .000
Calibration Check:
29 10/03/24 20:11 .099

Subject Name

TEST #2

Subject I.D.

Operator Name, I.D.

Location

[Signature]

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00287

Temp Date Time ^{9/} 210L

Air Blank:
10/03/24 20:13 .000
Calibration Check:
29 10/03/24 20:13 .099

Subject Name

TEST #3

Subject I.D.

Operator Name, I.D.

Location

[Signature]

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00288

Temp Date Time ^{9/} 210L

Air Blank:
10/03/24 20:15 .000
Calibration Check:
29 10/03/24 20:15 .000

Subject Name

SUBER Sample

Subject I.D.

Operator Name, I.D.

Location

[Signature]

AS IV Serial no: 111669
Version no: 532B

TEST RECORD 00289

Temp Date Time ^{9/} 210L

VOID: RFI
12 10/03/24 20:16

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

[Signature]



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	Cyl. Type	Component	Certified Concentration
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:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391,8 ppm	EB0010603	392,5 ppm
EB0010570	259,8 ppm	EB0010589	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

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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 Alcohol content of blood from a sample of expired air Permit issued under the provisions of sections 577.020 through 577.041, 578.011, 578.012 and 580.111 through 580.119 RSMo.

DATE 11/12/23

M. Lisa M...
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230066

Dave...
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 11/12/28

Mo 580.071 (b) (2)

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 230066
Date Issued 11/12/23 Date Expires 11/12/28

