



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 12/06/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1525 MISSOURI DRIVE - MT. VERNON, MO 65712		TIME OF INSPECTION 6:19 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**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER INTOXIMETERS LOT # AG333203 EXP. DATE 11/28/2025
- 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 → .095	TEST 2 → .095	TEST 3 → .096
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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).

**CALIBRATION CHECK EXCEEDED ALLOWABLE SPREAD. INSTRUMENT RE-CALIBRATED, MAINTENANCE PERFORMED, PLACED BACK IN SERVICE.**

<b>INSPECTING OFFICER</b>	
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 00312

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

Air Blank: 12/06/24 18:19 000  
Calibration Check: 19 12/06/24 18:19 105

Subject Name  
*CALIBRATION Check*  
Subject I.D.

Operator Name, I.D.

Location

*Py Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00315

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

Air Blank: 12/06/24 19:50 000  
Calibration Check: 23 12/06/24 19:50 095

Subject Name  
*CALIBRATION*  
Subject I.D.

Operator Name, I.D.

Location

*Py Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00316

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

Air Blank: 12/06/24 19:51 000  
Calibration Check: 23 12/06/24 19:51 095

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

Operator Name, I.D.

Location

*Py Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00318

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

Air Blank: 12/06/24 19:55 000  
Calibration Check: 24 12/06/24 19:55 095

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

Operator Name, I.D.

Location

*Py Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00317

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

Air Blank: 12/06/24 19:53 000  
Calibration Check: 23 12/06/24 19:53 095

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

Operator Name, I.D.

Location

*Py Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00319

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

VOID: RFI  
12 12/06/24 19:58

Subject Name  
*RFI TEST*  
Subject I.D.

Operator Name, I.D.

Location

*Py Dent*

AS IV Serial no: 111669  
Version no: 532B

TEST RECORD 00320

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

Air Blank: 12/06/24 19:58 000  
Calibration Check: 24 12/06/24 19:58 000

Subject Name  
*SUBSER Sample*  
Subject I.D.

Operator Name, I.D.

Location

*Py Dent*



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo, 63103  
 Ph: (314) 633-3100  
 Fax: (314) 633-7320

## 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-2026	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	392,6 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
CC727486	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 17:20

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 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 4/7/2023

NUMBER 230066

EXPIRES 4/7/2025

*Mike Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*David F. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 **230066**  
Date Issued **4/7/2023** Date Expires **4/7/2025**

