



**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 111735	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 06/22/2024
-----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 6:53 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 .096

TEST 2 .096

TEST 3 .096

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)
----------	---------	-----------	-----------	-----------	------------

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 out of service for a significant amount of time. Time was adjusted/corrected. Instrument was calibrated prior to the maintenance being conducted as shown in the attached document.

**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: 111735  
Version no: 532B

TEST RECORD 00437

Temp Date Time 210L

Air Blank:  
06/22/24 19:19 .000

Calibration Check:  
27 06/22/24 19:19 .096

Subject Name

*CALIBRATION*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00438

Temp Date Time 210L

Air Blank:  
06/22/24 19:21 .000

Calibration Check:  
27 06/22/24 19:21 .096

Subject Name

*TEST #1*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00439

Temp Date Time 210L

Air Blank:  
06/22/24 19:22 .000

Calibration Check:  
27 06/22/24 19:22 .096

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00440

Temp Date Time 210L

Air Blank:  
06/22/24 19:24 .000

Calibration Check:  
27 06/22/24 19:24 .096

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00441

Temp Date Time 210L

Air Blank:  
06/22/24 19:26 .000

Calibration Check:  
28 06/22/24 19:26 .000

Subject Name

*SOBER Sample*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 111735  
Version no: 532B

TEST RECORD 00442

Temp Date Time 210L

VOID: RFI  
12 06/22/24 19:27

Subject Name

*RFI TEST*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*



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 119735	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 06/22/2024
-----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 6:53 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
---	--

<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETERS	LOT # AG333203	EXP. DATE 11/28/2025
--	----------------	----------------------

<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 → .096	TEST 3 → .096
---------------	---------------	---------------

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)
----------	---------	-----------	-----------	-----------	------------

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 out of service for a significant amount of time. Time was adjusted/corrected. Instrument was calibrated prior to the maintenance being conducted as shown in the attached document.

<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: 119735  
Version no: 532C

TEST RECORD 00028

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

Air Blank:  
06/22/24 18:53 .000

Calibration Check:  
23 06/22/24 18:53 .096

Subject Name

*CALIBRATION*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 119735  
Version no: 532C

TEST RECORD 00029

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

Air Blank:  
06/22/24 18:55 .000

Calibration Check:  
24 06/22/24 18:55 .096

Subject Name

*TEST #1*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 119735  
Version no: 532C

TEST RECORD 00030

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

Air Blank:  
06/22/24 18:56 .000

Calibration Check:  
24 06/22/24 18:56 .096

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 119735  
Version no: 532C

TEST RECORD 00031

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

Air Blank:  
06/22/24 18:58 .000

Calibration Check:  
25 06/22/24 18:58 .096

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 119735  
Version no: 532C

TEST RECORD 00032

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

Air Blank:  
06/22/24 18:59 .000

Calibration Check:  
25 06/22/24 18:59 .000

Subject Name

*SOBER SAMPLE*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 119735  
Version no: 532C

TEST RECORD 00033

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

VOID: RFI  
12 06/22/24 19:01

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	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

2

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 500.111 through 500.119 RSMo.

DATE 4/7/2023

*Mike M...*  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230066

*David F. Richardson*

EXPIRES 4/7/2025

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LAO-1 (R-1)

MO 500-0771 (8-10)

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 form of expired air in Missouri.

Operator DEVOST, RYAN  
Permit No 200000  
Date Issued 4/7/2023 Date Expires 4/7/2026