



**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

REPORT #7

**RECEIVED**

By Tracy Crews at 8:17 am, Jul 01, 2024

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 119736	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 06/27/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 240 N. MAIN ST - MT. VERNON, MO 65712	TIME OF INSPECTION 10:05 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 exceeding the spread on initial check. Calibration performed, followed by a successful monthly maintenance.

**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: 119736  
Version no: 532C

TEST RECORD 00189

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

Air Blank:  
06/27/24 22:05 .000  
Calibration Check:  
29 06/27/24 22:05 .107

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00190

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

VOID: TEMP LOW  
9 06/27/24 22:07

Subject Name

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00191

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

Air Blank:  
06/27/24 22:18 .000  
Calibration:  
23 06/27/24 22:18 .000

Subject Name

**CALIBRATION**

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00192

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

Air Blank:  
06/27/24 22:20 .000  
Calibration Check:  
24 06/27/24 22:20 .096

Subject Name

**TEST #1**

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00193

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

Air Blank:  
06/27/24 22:21 .000  
Calibration Check:  
24 06/27/24 22:21 .095

Subject Name

**TEST #2**

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00194

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

Air Blank:  
06/27/24 22:23 .000  
Calibration Check:  
25 06/27/24 22:23 .095

Subject Name

**TEST #3**

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

Version no: 532C

TEST RECORD 00195

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

Air Blank:  
06/27/24 22:24 .000  
Calibration Check:  
26 06/27/24 22:24 .100

Subject Name

**SOBER Sample**

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00196

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

VOID: RFI  
12 06/27/24 22:25

Subject Name

**RFI TEST**

Subject I.D.

Operator Name, I.D.

Location

*Ray 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	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 alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.011, RSMo and 800.111 through 800.119 RSMo.

DATE 4/7/2023

NUMBER 230066

EXPIRES 4/7/2025

Mo 500-0771 (6-18)

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

*David W. Richardson*  
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 LA-01 (6-18)

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

**INSTRUMENT OPERATOR CARD**

The permit holder 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

