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By Tracy Crews at 10:22 am, Dec 09, 2024

DECEMBER, 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 119736	NAME OF AGENCY LAWRENCE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 12/05/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 1525 MISSOURI DRIVE - MT. VERNON, MO 65712		TIME OF INSPECTION 9:36 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 ➡ .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).

Calibration check exceeded spread based on dry gas true reading. Instrument was calibrated, maintenance performed, instrument placed back in service.

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 00235

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
12/05/24 21:36 .000  
Calibration Check:  
14 12/05/24 21:36 .105

Subject Name

CAL CHECK

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00236

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
12/05/24 21:38 .000  
Calibration Check:  
16 12/05/24 21:38 .103

Subject Name

CAL CHECK

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00237

Temp Date Time 210L <sup>9/</sup>

VOID: TEMP LOW  
9 12/05/24 21:39

Subject Name

LOW TEMP VOID

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00239

Temp Date Time 210L <sup>9/</sup>

VOID: RFI  
12 12/05/24 22:03

Subject Name

RFI TEST

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00239

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
12/05/24 22:06 .000  
Calibration:  
26 12/05/24 22:06 .096

Subject Name

CALIBRATION

Subject I.D.

Operator Name, I.D.

Location

Ray Dent

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00240

Temp Date Time 210L <sup>9/</sup>

Air Blank:  
12/05/24 22:07 .000  
Calibration Check:  
27 12/05/24 22:07 .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 00241

Temp	Date	Time	g/ 210L
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Air Blank:  
12/05/24 22:09 .000  
Calibration Check:  
27 12/05/24 22:09 .096

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00242

Temp	Date	Time	g/ 210L
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Air Blank:  
12/05/24 22:10 .000  
Calibration Check:  
27 12/05/24 22:10 .095

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00243

Temp	Date	Time	g/ 210L
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Air Blank:  
12/05/24 22:12 .000  
Calibration Check:  
28 12/05/24 22:12 .000

Subject Name

*SOBER Sample*

Subject I.D.

Operator Name, I.D.

Location

*[Signature]*



Airgas USA LLC (LAB)  
 3600 Barnard Street  
 St. Louis, Mo, 63103  
 Ph: (314) 633-3100  
 Fax: (314) 633-7328

## Certificate of Analysis

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

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	392.5 ppm
EB0010670	289.8 ppm	EB0010659	288.9 ppm
EB0010285	209.0 ppm	EB0010662	104.2 ppm
EB0010661	103.7 ppm	EB0010679	62.94 ppm
EB0010681	62.22 ppm		

CRM Serial No.	Concentration	CRM Serial No.	Concentration
CC727481	799.4 ppm	CC727493	389.8 ppm
CC727496	263.4 ppm	CC727498	160.2 ppm

Analytical Method: NDIR

Digitally signed by: Quality Control  
 Reason: My 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



**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

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230066

*David F. Nicholson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/7/2025

MO 580-0771 (6-10)

LAB-4 (16-10)

 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

