



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
 BY: [unclear] DIVISION OF [unclear] MO, [unclear]

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 03/24/2025
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LOCATION OF INSTRUMENT (STREET AND CITY) 1525 MISSOURI DRIVE - MT. VERNON, MO 65712	TIME OF INSPECTION 5:32 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**

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 ➡ .098

TEST 2 ➡ .097

TEST 3 ➡ .097

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).

Adjusted time for daylight savings

**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 00277

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

Air Blank:  
03/24/25 17:32 .000  
Calibration Check:  
39 03/24/25 17:32 .098

Subject Name

*TEST #1*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00278

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

Air Blank:  
03/24/25 17:36 .000  
Calibration Check:  
34 03/24/25 17:36 .097

Subject Name

*TEST #2*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00279

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

Air Blank:  
03/24/25 17:37 .000  
Calibration Check:  
36 03/24/25 17:37 .097

Subject Name

*TEST #3*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00280

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

Air Blank:  
03/24/25 17:38 .000  
Calibration Check:  
36 03/24/25 17:38 .000

Subject Name

*SOBER Sample*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*

AS IV Serial no: 119736  
Version no: 532C

TEST RECORD 00281

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

VOID: RFI  
12 03/24/25 17:40

Subject Name

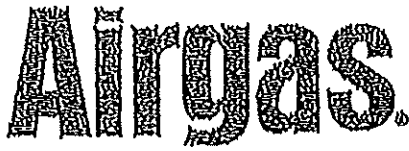
*RFI TEST*

Subject I.D.

Operator Name, I.D.

Location

*Ray Dent*



Airgas USA L.L.O (L.A.B)  
 3600 Dornard Street  
 St. Louis, Mo, 63103  
 Ph: (314) 833-0100  
 Fax: (314) 808-7020

### Certificate of Analysis

Test Date: 29-Nov-2023

Customer Name  
 Exclusive Supplier  
 Inoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63140

Lot # AG333203 Model 108

Exp Date 28-Nov-2025	Cyl. Type 108	Component Ethanol Nitrogen	Certified Concentration 0.100 ± 2% BrAO (272 ppm)
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Certification Traceable to N.I.S.T. ROM and to GRM Ethanol Standards:

ROM Serial No.	Concentration	ROM Serial No.	Concentration
EB0010801	394.8 ppm	EB0010803	392.8 ppm
EB0010870	289.8 ppm	EB0010888	288.9 ppm
EB0010285	209.0 ppm	EB0010862	104.2 ppm
EB0010881	103.7 ppm	EB0010878	82.84 ppm
EB0010601	62.22 ppm		

GRM Serial No.	Concentration	GRM Serial No.	Concentration
GC727401	789.4 ppm	GC727403	300.8 ppm
GC727408	283.4 ppm	GC727400	180.2 ppm

Analytical Method: NDIR

Quality checked by Quality Control  
 (responsibility not limited to division of analysis)  
 Certified by Airgas USA L.L.O (L.A.B)  
 Date: 11/29/2023 YWS

Approved for Release: \_\_\_\_\_

Yusuf 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

*Miles Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230066

*Dave J. Nielson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 4/7/2025

LS-4 (08-09)

HQ 580-0771 (8-10)

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**

