



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:14 pm, May 10, 2023

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 102472	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 04/22/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division Street Springfield, Missouri		TIME OF INSPECTION 11:24 am

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 # AG306807 EXP. DATE 03/09/2025

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 ➡ .097

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

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 completed

INSPECTING OFFICER

SIGNATURE

PRINT NAME
Kyle Winchell

TYPE II PERMIT NUMBER/EXPIRATION DATE
220200 08/19/2024

TELEPHONE NUMBER
(417) 868-4040

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: 102472
Version no: 532B

TEST RECORD 01874

Temp	Date	Time	s/210L
Air Blank:	04/22/23	11:24	.000
Calibration:	23 04/22/23	11:24	.097

Subject Name
Calibration

Subject I.D.

Operator Name, I.D.
JL Wall

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01875

Temp	Date	Time	s/210L
Air Blank:	04/22/23	11:26	.000
Calibration Check:	24 04/22/23	11:26	.097

Subject Name
Test 1

Subject I.D.

Operator Name, I.D.
JL Wall

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01876

Temp	Date	Time	s/210L
Air Blank:	04/22/23	11:28	.000
Calibration Check:	24 04/22/23	11:28	.097

Subject Name
Test 2

Subject I.D.

Operator Name, I.D.
JL Wall

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01877

Temp	Date	Time	s/210L
Air Blank:	04/22/23	11:30	.000
Calibration Check:	24 04/22/23	11:30	.097

Subject Name
Test 3

Subject I.D.

Operator Name, I.D.
JL Wall

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01878

Temp	Date	Time	s/210L
VOID: RFI	12 04/22/23	11:31	

Subject Name
Test 4 / RFI

Subject I.D.

Operator Name, I.D.
JL Wall

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01879

Temp	Date	Time	s/210L
Air Blank:	04/22/23	11:33	.000
Subject Test: Auto	25 04/22/23	11:33	.000

Subject Name
Test 5 / sober

Subject I.D.

Operator Name, I.D.
JL Wall

Location



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: 13-Mar-2023

Lot # AG306807 **Model** 108

Exp Date	Cyl. Type	Component	Certified Concentration
9-Mar-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	800.0 ppm	CC727493	390.0 ppm
CC727496	253.0 ppm	CC727498	150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control
 Reason:Dry gas standard certification of analysis
 Location:Airgas USA LLC (Lab)
 Date:03.16.2023 13:02

Approved for Release: _____

 Rod Marsala

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**

KYLE R. WINCHELL

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, INTOX EC/IR II

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 8/19/2022

NUMBER 220200

EXPIRES 8/19/2024

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

 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 WINCHELL, KYLE
 Permit No 220200
 Date Issued 8/19/2022 Date Expires 8/19/2024

