



**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 111318	NAME OF AGENCY GREENE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 11/24/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 5100 WEST DIVISION STREET SPRINGFIELD, MISSOURI	TIME OF INSPECTION 10:30 am
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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 # 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 .101

TEST 2 .100

TEST 3 .100

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).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
KYLE WINCHELL

TYPE # 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: 111318  
Version no: 532B

TEST RECORD 00656

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

Air Blank:  
11/24/23 10:30 .000  
Calibration Check:  
19 11/24/23 10:30 .101

Subject Name

Test 1  
Subject I.D.

Operator Name, I.D.

[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00657

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

Air Blank:  
11/24/23 10:32 .000  
Calibration Check:  
20 11/24/23 10:32 .100

Subject Name

Test 2  
Subject I.D.

Operator Name, I.D.

[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00658

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

Air Blank:  
11/24/23 10:33 .000  
Calibration Check:  
21 11/24/23 10:33 .100

Subject Name

Test 3  
Subject I.D.

Operator Name, I.D.

[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00659

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

VOID: RFI  
12 11/24/23 10:35

Subject Name

Test 4 / RFI  
Subject I.D.

Operator Name, I.D.

[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00660

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

Air Blank:  
11/24/23 10:36 .000  
Subject Test: Auto  
21 11/24/23 10:36 .000

Subject Name

Test 5 / sober  
Subject I.D.

Operator Name, I.D.

[Signature]  
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

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**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 Massman*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Rickelson*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



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

