



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

**RECEIVED**  
 By Tracy Crews at 7:40 am, Jun 09, 2022

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<br>097416   | NAME OF AGENCY<br>GREENE COUNTY SHERIFF'S OFFICE | DATE OF INSPECTION<br>05/25/2022 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>5100 WEST DIVISION STREET SPRINGFIELD, MISSOURI 65802 |  | TIME OF INSPECTION<br>3:44 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 # AG111803 EXP. DATE 04/28/2023

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 → .100

TEST 2 → .100

TEST 3 → .099

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 II PERMIT NUMBER/EXPIRATION DATE  
 200259 09/24/2022

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: 097416  
Version no: 532B

TEST RECORD 00866

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

Air Blank:  
05/25/22 15:44 .000  
Calibration Check:  
21 05/25/22 15:44 .100

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

JL Urdahl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00867

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

Air Blank:  
05/25/22 15:46 .000  
Calibration Check:  
21 05/25/22 15:46 .100

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

JL Urdahl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00868

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

Air Blank:  
05/25/22 15:48 .000  
Calibration Check:  
22 05/25/22 15:48 .099

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

JL Urdahl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00869

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

VOID: RFI  
12 05/25/22 15:50

Subject Name

Test 4 / RFI

Subject I.D.

Operator Name, I.D.

JL Urdahl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00870

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

Air Blank:  
05/25/22 15:51 .000  
Subject Test: Auto  
23 05/25/22 15:51 .000

Subject Name

Test 5 / Sober

Subject I.D.

Operator Name, I.D.

JL Urdahl

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:** 28-Apr-2021

**Lot #** AG111803 **Model** 108cacd

**Exp. Date**

28-Apr-2023

**Cyl. Type**

108

**Component**

Ethanol

Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

**RGM Serial No.**

EB0010581

**Concentration**

392.1 ppm

EB0010570

259.8 ppm

EB0010285

208.0 ppm

EB0010561

103.6 ppm

EB0010681

52.12 ppm

**RGM Serial No.**

EB0010603

**Concentration**

393.0 ppm

EB0010559

258.2 ppm

EB0010595

208.3 ppm

EB0010562

104.2 ppm

EB0010579

52.81 ppm

**CRM Serial No.**

CC434668

**Concentration**

800.0 ppm

CC234503

253.0 ppm

**CRM Serial No.**

0056649

**Concentration**

390.1 ppm

0056662

150.2 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2021.04.28 18:40:40 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

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 9/24/2020

NUMBER 200259

EXPIRES 9/24/2022

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 200259  
 Date Issued 9/24/2020 Date Expires 9/24/2022

