



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 10:46 am, Dec 16, 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 097416	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 11/26/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division Street Springfield, Missouri 65802		TIME OF INSPECTION 8:25 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u> LOT # <u>AG111803</u> EXP. DATE <u>04/28/2023</u>	
<input type="checkbox"/> 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)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .102	TEST 2 .102	TEST 3 .100
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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).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Kyle Winchell
TYPE I/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: 097416
Version no: 532B

TEST RECORD 00902

Temp	Date	Time	s/	210L
Air Blank:				
	11/26/22	20:25	.000	
Calibration Check:				
15	11/26/22	20:25	.102	

Air Blank:
11/26/22 20:25 .000
Calibration Check:
15 11/26/22 20:25 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

JL vrd

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00903

Temp	Date	Time	s/	210L
Air Blank:				
	11/26/22	20:27	.000	
Calibration Check:				
15	11/26/22	20:27	.102	

Air Blank:
11/26/22 20:27 .000
Calibration Check:
15 11/26/22 20:27 .102

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

JL vrd

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00904

Temp	Date	Time	s/	210L
Air Blank:				
	11/26/22	20:29	.000	
Calibration Check:				
17	11/26/22	20:29	.100	

Air Blank:
11/26/22 20:29 .000
Calibration Check:
17 11/26/22 20:29 .100

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

JL vrd

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00905

Temp	Date	Time	s/	210L
VOID: RFI				
	12	11/26/22	20:31	

VOID: RFI
12 11/26/22 20:31

Subject Name

Test 4 / RFX

Subject I.D.

Operator Name, I.D.

JL vrd

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00906

Temp	Date	Time	s/	210L
Air Blank:				
	11/26/22	20:32	.000	
Subject Test: Auto				
18	11/26/22	20:32	.000	

Air Blank:
11/26/22 20:32 .000
Subject Test: Auto
18 11/26/22 20:32 .000

Subject Name

Test 5 / Sober

Subject I.D.

Operator Name, I.D.

JL vrd

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 108caccd

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

EB0010570

EB0010285

EB0010561

EB0010681

Concentration

392.1 ppm

259.8 ppm

208.0 ppm

103.6 ppm

52.12 ppm

RGM Serial No.

EB0010603

EB0010559

EB0010595

EB0010562

EB0010579

Concentration

393.0 ppm

258.2 ppm

208.3 ppm

104.2 ppm

52.81 ppm

CRM Serial No.

CC434668

CC234503

Concentration

800.0 ppm

253.0 ppm

CRM Serial No.

0056649

0056662

Concentration

390.1 ppm

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

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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

David J. Nickel

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

