



**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 09/26/2022
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LOCATION OF INSTRUMENT (STREET AND CITY) 5100 WEST DIVISION STREET SPRINGFIELD, MISSOURI 65802	TIME OF INSPECTION 5:50 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 # 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)
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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  
  
TYPE PERMIT NUMBER/EXPIRATION DATE  
220200 08/19/2024

PRINT NAME  
KYLE WINCHELL  
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.



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** 108cacc

**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:

<u>RGM Serial No.</u>	<u>Concentration</u>	<u>RGM Serial No.</u>	<u>Concentration</u>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010681	52.12 ppm	EB0010579	52.81 ppm

  

<u>CRM Serial No.</u>	<u>Concentration</u>	<u>CRM Serial No.</u>	<u>Concentration</u>
CC434668	800.0 ppm	0056649	390.1 ppm
CC234503	253.0 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 8/19/2022

NUMBER 220200

EXPIRES 8/19/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paula J. Nickelson*

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



AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00498

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

Air Blank:  
09/26/22 17:50 .000  
Calibration Check:  
19 09/26/22 17:50 .100

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

JL Well

Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00499

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

Air Blank:  
09/26/22 17:52 .000  
Calibration Check:  
20 09/26/22 17:52 .100

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

JL Well

Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00500

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

Air Blank:  
09/26/22 17:54 .000  
Calibration Check:  
21 09/26/22 17:54 .099

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

JL Well

Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00501

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

VOID: RFI  
12 09/26/22 17:55

Subject Name

Test 4 / RFI

Subject I.D.

Operator Name, I.D.

JL Well

Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00502

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

Air Blank:  
09/26/22 17:56 .000  
Subject Test: Auto  
21 09/26/22 17:56 .000

Subject Name

Test 5 / Sober

Subject I.D.

Operator Name, I.D.

JL Well

Location