RECEIVED

By Tracy Crews at 7:41 am, Nov 18, 2024



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time. Send copy to Department of Health and Se	-		nce check, and wh	nenever instrument is repaired.		
ALCO SENSOR IV SN 102473	NAME OF AGENCY Greene County S	heriff's Office		E OF INSPECTION /04/2024		
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division Street Springfield, Missouri				E OF INSPECTION 2:33		
CHECKLIST: Place a mark in the box by ea			within established li	imits. (Write in observed values		
where determined.) Unmarked items must		instrument.				
DIGITAL READOUT (ALL ELEMENTS	OPERATIONAL)					
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING PROPERLY						
☑ TIME AND DATE DISPLAYING PROF	ERLY					
BREATH ALCOHOL ACCURACY STAND	ARDS		4-4 8			
☐ SIMULATOR SOLUTION		☑ COMPRESSE	ETHANOL-GAS	MIXTURE		
STANDARD SUPPLIER Intoximeters LOT # AG331103 EXP. DATE 11/07/2025						
☐ SIMULATOR TEMPERATURE (34°C	± 0.2°C) SII	и. sn	SIM. NIS	T EXP DATE		
Run three tests using a standard solutiess. Check the box corresponding to 0.100% STANDARD - MUST RE 0.080% STANDARD - MUST RE 0.040% STANDARD - MUST RE	the standard solution being AD BETWEEN 0.095% and AD BETWEEN 0.076% and	used. (PRINTOUT A d 0.105% INCLUSIVE d 0.084% INCLUSIVE	TTACHED) : :			
TEST 1097	TEST 2 ★ .097		TEST 3 🕶 .096	4		
☑ RFI DETECTOR OPERATING						
INDICATE THE NUMBER OF BREATH T (DO NOT INCLUDE SELF-ADMINISTER		G RANGES SINCE	THE LAST MAINT	ENANCE REPORT:		
REFUSALS (004)	(.0509)	(.1014)	(.1519)	(OVER .19)		
List any new parts and describe any alter established limits (use other side if neces	ration or modification that sary).	was made to restore	the instrument to d	operate satisfactorily and within		
INSPECTING OFFICER			PRINT NAME			
SIGNATURE THE THE SIGNATURE			Kyle Winchell			
TYPE IN ERMIT NUMBER/EXPIRATION DATE 240179 08/23/2026			TELEPHONE NUMBER (417) 868-4040			
Return completed report to the: Breat	h Alcohol Program, MO De ail, fax, or email.	epartment of Health a	nd Senior Services	s, Southeast District Office		



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: 8-Nov-2023

Lot # AG331103 Model 108

Exp Date 7-Nov-2025 Cyl. Type

Component Ethanol **Certified Concentration**

0.100 ± 2% BrAC (272 ppm)

108

Nitrogen

0.100 ± 2% BIAO (

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	799.4 ppm	CC727493	389.8 ppm
CC727496	253.4 ppm	CC727498	150.2 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard cortification of analysis Location:Afgas USA LLC (Lab) Date:11.09.2023 19:42

Approved for Release:

Yusef Woods

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

DATE 8/23/2024

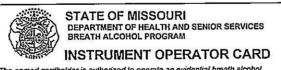
DATE 240179

EXPIRES 8/23/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired a in Missouri

Operator WINCHELL, KYLE

Permit No 240179

Date Issued 8/23/2024 Date Expires 8/23/2026



AS IV Serial no: 102473 AS IV Serial no: 102473 AS IV Serial no: 102473 Version no: 532B Version no: 532B Version no: 532B TEST RECORD 02115 TEST RECORD 02116 TEST RECORD 02114 97 9/ Temp Date Time 210L Temp Date Time 210L Temp Date Time 210L Air Blank: Air Blank: Air Blank: 11/04/24 12:33 .000 11/04/24 12:36 .000 11/04/24 12:34 .000 Calibration Check: Calibration Check: Calibration Check: 20 11/04/24 12:33 .097 21 11/04/24 12:36 .096 20 11/04/24 12:34 .097 Subject Name Subject Name Subject Name Test 3 Test 1 Test 2 Subject I.D. Subject I.D. Subject I.D. Operator Name: I.D. Operator Name, I.D. Operator Name: I.D. Location Mation Location AS IV Serial no: 102473 AS IV Serial no: 102473 Version no: 532B Version no: 532B TEST RECORD 02118 97 TEST RECORD 02117 Temp Date Time 210L Temp Date Time 210L Air Blank: VOIR: RFI 11/04/24 12:39 .000 Subject Test: Auto 12 11/04/24 12:38 21 11/04/24 12:39 .000 Subject Name Subject Name Test 4 1-est-5-1 Sober Subject I.D. Operator Name, I.D. Operator Name, I.D. Tull Location