

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 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 S	heriff's Office		F INSPECTION /2024
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division Street Springfield, Missouri			TIME 0 1:07	FINSPECTION OM	
				within established limit	s. (Write in observed values
where determined.) Unmar	ked items must be o	corrected before using	instrument.	220	
☑ DIGITAL READOUT (A	ALL ELEMENTS OP	ERATIONAL)			м.
TEMPERATURE OF A	ALCO SENSOR (10°	C - 40°C)			
☑ PRINTER WORKING	PROPERLY				
☑ TIME AND DATE DISI	5 9/9E-361139Y 9/MOVECHANOLES BY HISHORISE HIS (RCHING				
BREATH ALCOHOL ACC	URACY STANDARE	DS			
☐ SIMULATOR SOLUTION	☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE				TURE
☑ STANDARD SUPPLIE	R Intoximeters		OT # AG331103	EXP. DATE 11/07	/2025
☐ SIMULATOR TEMPER	RATURE (34°C ± 0.2	2°C) SII	w. SN	SIM. NIST E	XP DATE
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 ₱ .097	Т	EST 2 🕶 .096		TEST 3 ☎ .096	4.8
RFI DETECTOR OPE	RATING	20.00			
INDICATE THE NUMBER (DO NOT INCLUDE SELF			G RANGES SINCE	THE LAST MAINTEN	ANCE REPORT:
REFUSALS	(004)	(.0509)	(.1014)	(.1519)	(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). Calibration was completed. An initial maintenance using dry gas showed the instrument to be a 0.104%. I calibrated the instrument down to 0.097%.					
INSPECTING OFFICER	Platt			PRINT NAME Kyle Winchell	
TYPE II PERMIT NUMBER/EXPIRATION DATE 240179 08/23/2026			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: 8-Nov-2023

Lot # AG331103 Model 108

Exp Date 7-Nov-2025 Cyl. Type 108

Component

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Ethanol

Nitrogen

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		

Concentration CRM Serial No. CRM Serial No. Concentration 389.8 ppm CC727493 799.4 ppm CC727481 CC727498 150.2 ppm 253.4 ppm CC727496

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Afrigas 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

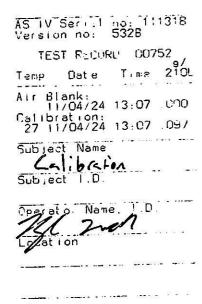
EXPIRES 8/23/2026

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)





AS IV Serial no: 111318
Version no: 5318

TEST RECORU 00753

Temp Date Time 210L

Air Blank: 11/04/24 13:10 .000
Calibration Check: 27 11/04/24 13:10 .097

Subject Name
Test
Subject I.D.

Operator Name
Lightion

	4
AS TV Serial no: 1113 Version no: 5328	
Version no: 5328	
TEST RECORD 00754	22.0
Temp Date Time 2	028
Air Blank:	+6
11/04/24 12 11 6	
Calibrat on Check: 27 11/04/24 13 11	22.33
Subject Name Test 2	
Subject I.D	
Perator Name III	
Perator Name 1.0	
Location	

AS IV Serial no: 111318 Version no: 5328
TEST RECORD 00755
Temp Date Time 210L
Air Blank: 11/04/24 13:13 .000 Calibration Check: 27 11/04/24 13:13 .096
Subject Name Test 3 Subject 1.D.
Operator Name. I.D. Location

AS IV Serial no: 111318 Version no: 532B
TEST RECORD 00756
Temp Date Time 210L
VOID: RFI 12 11/04/24 13:14
Subject Name TESH 4/RFT Subject 1.D.
Subject 1.D.
Operator Name, I.D.
Locat I on

	Serial	532B	1318
		RD 007	
Temp	Date	Time	210L
Air Bi	lank:	13:15 : Aut o 13:15	.000
		13:15	.000
Ter Subject	SH 5 ot I.D.	/ Sobe	<u>/</u>
Operel Locat	Nam	e. I.D.	
2 <u>-40</u>	Section 1997		