RECEIVED

By Tracy Crews at 1:51 pm, Jan 16, 2025



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

- 2	-******	10 - 30 - 10 - 10 - 10 - 10 - 10 - 10 -			800 - 800		
	nplete this report in du nd copy to Department				nce check, and whe	never instrument is repaired.	
ALCO SENSOR IV SN 097416			NAME OF AGENCY GREENE COUNTY SHERIFF'S OFF			OF INSPECTION 08/2025	
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 WEST DIVISION STREET SPRINGFIELD, MO						OF INSPECTION 5 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.							
Ø	DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)						
Ø	TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
Ø	PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROPERLY							
BREATH ALCOHOL ACCURACY STANDARDS							
	SIMULATOR SOLUTION						
Ø	STANDARD SUPPLIER INTOXIMETERS LOT # AG331103 EXP. DATE 11/07/2025					07/2025	
	SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIM. SN				SIM. NIST EXP 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						
TE	ST 1 🗢 .101	Т	EST 2101		TEST 3 🗢 .101		
☑ RFI DETECTOR OPERATING							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)							
	FUSALS	(004)	(.0509)	(.1014)	(.1519)	(OVER .19)	
Lis est	t any new parts and d tablished limits (use oth	escribe any alteration ner side if necessary)	n or modification that w	was made to restore	the instrument to op	perate satisfactorily and within	
INSPECTING OFFICER SIGNATURE					PRINT NAME		
· My Jul					KYLE WINCHELL		
TYPE WERMIT NUMBER/EXPIRATION DATE 240179 08/23/2026				W W D	TELEPHONE NUMBER (417) 868-4040		
Re	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 Ethanol **Certified Concentration**

Nitrogo

Nitrogen

0.100 ± 2% BrAC (272 ppm)

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

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration EB0010603 392.5 ppm EB0010559 258.9 ppm EB0010562 104.2 ppm

EB0010579

52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 799.4 ppm 253.4 ppm CRM Serial No.

Concentration

CC727498

389.8 ppm 150.2 ppm

Analytical Method: NDIR

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

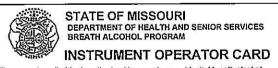
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

EXPIRES 8/23/2026___

MO 580-0771 (6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 air in Missouri.

Operator WINCHELL, KYLE

Permit No 240179

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



AS IV Serial pot 697416 AS IU Serial no: 097416 68 IU Serial no 197416 Version not 1 will Version no: 532B Version not 582B TEST FROMUE O 390 TEST RECORD 01092 TEST RECORD 01091 Temp Date Time 210L Tarm Bate Time 218L Temp Date Time 210L magning only year or management hir Plankt Air Blank: Air Blank: 01/08/25 16:29 **.000** 01/08/25 16:27 .000 01/08/25 16:25 .000 Calibration Check: Calibration Check! Calibration Check: 23 01/08/25 16:27 .101 24 61/08/25 16:29 .101 23 01/08/25 16:25 .101 Subject_Name Subject_Name Subject Name Test Subject I.D. Subject I.D. Operator Name Or<u>er</u>ator Hames J.D. Location

Version not

TEST RF. U.M. 60894

Jeme Date Time 219L

Colly FFI
12 01/98/75 16191

Subject Name

Jeyy/ RFT

School I.D.

AS IV Serial bo: 057416

AS IV Serial no: 097416
Version no: 5327

TEST RECORD 01095

September 10 1095

Air Blank: 01/08/25 16:32 .000

Subject Test: Auto 24 01/08/25 16:32 .000

Subject Test: Auto 25 01/08/25 16:32 .000

Subject Test: Auto 25 01/08/25 16:32 .000

Subject Test: Auto 26 01/08/25 16:32 .000