



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

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

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 102472	NAME OF AGENCY GREENE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 01/06/2025
-----------------------------	--	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 5100 WEST DIVISION STREET SPRINGFIELD, MO	TIME OF INSPECTION 3:25 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.

- 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG331103</u> EXP. DATE <u>11/07/2025</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)

- 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 <i>☞</i> .102	TEST 2 <i>☞</i> .102	TEST 3 <i>☞</i> .102
----------------------	----------------------	----------------------

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)
----------	---------	-----------	-----------	-----------	------------

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 <i>[Signature]</i>	PRINT NAME KYLE WINCHELL
TYPE / 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.

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 02120

Temp Date Time ^{a/} 210L

Air Blank:
01/06/25 15:25 .000
Calibration Check:
18 01/06/25 15:25 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 02121

Temp Date Time ^{a/} 210L

Air Blank:
01/06/25 15:27 .000
Calibration Check:
19 01/06/25 15:27 .102

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 02122

Temp Date Time ^{a/} 210L

Air Blank:
01/06/25 15:29 .000
Calibration Check:
19 01/06/25 15:29 .102

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 02123

Temp Date Time ^{a/} 210L

VOID: RTI
12 01/06/25 15:31

Subject Name

Test 4 / RE

Subject I.D.

Operator Name, I.D.

[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 02124

Temp Date Time ^{a/} 210L

Air Blank:
01/06/25 15:33 .000
Subject Test: Auto
23 01/06/25 15:33 .200

Subject Name

Test 5 / Sober

Subject I.D.

Operator Name, I.D.

[Signature]

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: 8-Nov-2023

Lot # AG331103 Model 108

Exp Date	Cyl. Type	Component	Certified Concentration
7-Nov-2025	108	Ethanol 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.	Concentration
CC727481	799.4 ppm
CC727496	253.4 ppm

CRM Serial No.	Concentration
CC727493	389.8 ppm
CC727498	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 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 8/23/2024

NUMBER 240179

EXPIRES 8/23/2026

Mike Masoma

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

 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 240179
 Date Issued 8/23/2024 Date Expires 8/23/2026

