



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 097416	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 01/17/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division Street Springfield, Missouri	TIME OF INSPECTION 1:27 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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG215102</u> EXP. DATE <u>05/21/2024</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 .101	TEST 2 .100	TEST 3 .099
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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 	PRINT NAME Kyle Winchell
TYPE II PERMIT NUMBER/EXPIRATION DATE 220200 08/19/2024	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: 09 416
Version no: 532B

TEST RECORD 009 2

Temp Date Time ^{g/} 210L

Air Blank:
01/17/23 13:27 .000
Calibration Check:
21 01/17/23 13:27 101

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

[Signature]
Location

AS IV Serial no: 09 416
Version no: 532B

TEST RECORD 009 3

Temp Date Time ^{g/} 210L

Air Blank:
01/17/23 13:29 .000
Calibration Check:
22 01/17/23 13:29 100

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

[Signature]
Location

AS IV Serial no: 09 416
Version no: 532B

TEST RECORD 009 4

Temp Date Time ^{g/} 210L

Air Blank:
01/17/23 13:31 .000
Calibration Check:
23 01/17/23 13:31 .099

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

[Signature]
Location

AS IV Serial no: 09 416
Version no: 532B

TEST RECORD 009 5

Temp Date Time ^{g/} 210L

VOID: RFI
12 01/17/23 13:32

Subject Name

Test 4 / RFI
Subject I.D.

Operator Name, I.D.

[Signature]
Location

AS IV Serial no: 09 416
Version no: 532B

TEST RECORD 009 6

Temp Date Time ^{g/} 210L

Air Blank:
01/17/23 13:34 .000
Subject Test: Auto
23 01/17/23 13:34 .000

Subject Name

Test 5 / Soke
Subject I.D.

Operator Name, I.D.

[Signature]
Location



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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**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

MO 580-0771 (6-10)

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave F. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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 220200
 Date Issued 8/19/2022 Date Expires 8/19/2024

