



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**  
By Tracy Crews at 7:14 am, Dec 01, 2023

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 11/24/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 5100 WEST DIVISION STREET SPRINGFIELD, MISSOURI	TIME OF INSPECTION 10:10 am
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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>AG306807</u> EXP. DATE <u>03/09/2025</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  .100	TEST 2  .099	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).

<b>INSPECTING OFFICER</b>	
SIGNATURE 	PRINT NAME KYLE WINCHELL
TYPE # 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: 097416  
Version no: 532B

TEST RECORD 01034

Temp	Date	Time	s/	210L
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Air Blank:  
11/24/23 10:10 .000  
Calibration Check:  
23 11/24/23 10:10 .100

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

*JL Wall*

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01035

Temp	Date	Time	s/	210L
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Air Blank:  
11/24/23 10:12 .000  
Calibration Check:  
23 11/24/23 10:12 .099

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

*JL Wall*

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01036

Temp	Date	Time	s/	210L
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Air Blank:  
11/24/23 10:14 .000  
Calibration Check:  
23 11/24/23 10:14 .099

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

*JL Wall*

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01037

Temp	Date	Time	s/	210L
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VOID: RFI  
12 11/24/23 10:17

Subject Name

Test 4 / RFI

Subject I.D.

Operator Name, I.D.

*JL Wall*

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01038

Temp	Date	Time	s/	210L
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Air Blank:  
11/24/23 10:18 .000  
Subject Test: Auto  
23 11/24/23 10:18 .000

Subject Name

Test 5 / sober

Subject I.D.

Operator Name, I.D.

*JL Wall*

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

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nielson*

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

