



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

**RECEIVED**  
By Tracy Crews at 9:48 pm, Dec 30, 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 12/26/2023
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LOCATION OF INSTRUMENT (STREET AND CITY) 5100 W DIVISION STREET SPRINGFIELD, MISSOURI	TIME OF INSPECTION 10:44 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
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<input checked="" type="checkbox"/> STANDARD SUPPLIER INTOXIMETERS	LOT # AG306807	EXP. DATE 03/09/2025
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE
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- 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 ← .099	TEST 2 ← .099	TEST 3 ← .098
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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 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: 097416  
Version no: 532B

TEST RECORD 01039

Temp	Date	Time	s/ 210L
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Air Blank:  
12/26/23 10:44 .000  
Calibration Check:  
20 12/26/23 10:44 .099

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01040

Temp	Date	Time	s/ 210L
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Air Blank:  
12/26/23 10:46 .000  
Calibration Check:  
20 12/26/23 10:46 .099

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01041

Temp	Date	Time	s/ 210L
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Air Blank:  
12/26/23 10:48 .000  
Calibration Check:  
21 12/26/23 10:48 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01042

Temp	Date	Time	s/ 210L
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VOID: RFI  
12 12/26/23 10:50

Subject Name

Test 4 / RFI

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 01043

Temp	Date	Time	s/ 210L
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Air Blank:  
12/26/23 10:51 .000  
Subject Test: Auto  
22 12/26/23 10:51 .000

Subject Name

Test 5 / Sober

Subject I.D.

Operator Name, I.D.

JL Wohl

Location





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 8/19/2022

NUMBER 220200

EXPIRES 8/19/2024

MO 580-0771 (6-10)

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nielson*

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

