



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

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

**RECEIVED**

By Tracy Crews at 11:11 am, Jul 17, 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 102472	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 06/23/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division Street Springfield, Missouri 65802		TIME OF INSPECTION 2:04 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**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG306807 EXP. DATE 03/09/2025

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  .098	TEST 2  .098	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).

**INSPECTING OFFICER**

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: 102472  
Version no: 532B

TEST RECORD 01895

Temp	Date	Time	s/	210L
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Air Blank:  
06/23/23 14:04 .000  
Calibration Check:  
21 06/23/23 14:04 .098

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01896

Temp	Date	Time	s/	210L
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Air Blank:  
06/23/23 14:06 .000  
Calibration Check:  
21 06/23/23 14:06 .098

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01897

Temp	Date	Time	s/	210L
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Air Blank:  
06/23/23 14:08 .000  
Calibration Check:  
22 06/23/23 14:08 .098

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01898

Temp	Date	Time	s/	210L
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VOID: RFI  
12 06/23/23 14:10

Subject Name

Test 4 / RFI

Subject I.D.

Operator Name, I.D.

JL Wohl

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01899

Temp	Date	Time	s/	210L
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Air Blank:  
06/23/23 14:11 .000  
Subject Test: Auto  
23 06/23/23 14:11 .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

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MD 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

