



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

RECEIVED
 By Tracy Crews at 9:49 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 102472	NAME OF AGENCY GREENE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 12/26/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 W DIVISION STREET SPRINGFIELD, MISSOURI		TIME OF INSPECTION 12:27

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 ← .097
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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: 102472
Version no: 532B

TEST RECORD 01976

Temp Date Time ^{a/} 210L

Air Blank:
12/26/23 12:27 .000
Subject Test: Man
21 12/26/23 12:27 .098

Subject Name
Test 1

Subject I.D.

Operator Name, I.D.
[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01977

Temp Date Time ^{a/} 210L

Air Blank:
12/26/23 12:29 .000
Calibration Check:
21 12/26/23 12:29 .098

Subject Name
Test 2

Subject I.D.

Operator Name, I.D.
[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01978

Temp Date Time ^{a/} 210L

Air Blank:
12/26/23 12:31 .000
Calibration Check:
22 12/26/23 12:31 .097

Subject Name
Test 3

Subject I.D.

Operator Name, I.D.
[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01979

Temp Date Time ^{a/} 210L

VOID: RFI
12 12/26/23 12:33

Subject Name
Test 4 / RFI

Subject I.D.

Operator Name, I.D.
[Signature]

Location

AS IV Serial no: 102472
Version no: 532B

TEST RECORD 01980

Temp Date Time ^{a/} 210L

Air Blank:
12/26/23 12:34 .000
Subject Test: Auto
23 12/26/23 12:34 .000

Subject Name
Test 5 / Sobu

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

Mike Masoma

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 220200

Douglas J. Nicholson

EXPIRES 8/19/2024

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

