



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 3:27 pm, Sep 25, 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 111318	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 09/20/2023
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 West Division Street Springfield, Missouri		TIME OF INSPECTION 9:27 am

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

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 III 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: 111318
Version no: 532B

TEST RECORD 00605

Temp Date Time ^{g/} 210L

Air Blank:
09/20/23 09:27 .000
Calibration Check:
18 09/20/23 09:27 .098

Subject Name
Test 1

Subject I.D.

Operator Name, I.D.
JK [Signature]

Location

AS IV Serial no: 111318
Version no: 532B

TEST RECORD 00606

Temp Date Time ^{g/} 210L

Air Blank:
09/20/23 09:28 .000
Calibration Check:
19 09/20/23 09:28 .098

Subject Name
Test 2

Subject I.D.

Operator Name, I.D.
JK [Signature]

Location

AS IV Serial no: 111318
Version no: 532B

TEST RECORD 00607

Temp Date Time ^{g/} 210L

Air Blank:
09/20/23 09:30 .000
Calibration Check:
20 09/20/23 09:30 .098

Subject Name
Test 3

Subject I.D.

Operator Name, I.D.
JK [Signature]

Location

AS IV Serial no: 111318
Version no: 532B

TEST RECORD 00608

Temp Date Time ^{g/} 210L

VOID: RFI
12 09/20/23 09:32

Subject Name
Test 4 / RFI

Subject I.D.

Operator Name, I.D.
JK [Signature]

Location

AS IV Serial no: 111318
Version no: 532B

TEST RECORD 00609

Temp Date Time ^{g/} 210L

Air Blank:
09/20/23 09:33 .000
Subject Test: Auto
21 09/20/23 09:33 .000

Subject Name
Test 5 / Sober

Subject I.D.

Operator Name, I.D.
JK [Signature]

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

David 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

