



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

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 03/28/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 W DIVISION STREET SPRINGFIELD, MISSOURI		TIME OF INSPECTION 4:15 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  .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 & 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 00687

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/28/24 04:15 .000  
Calibration Check:  
19 03/28/24 04:15 .099

Subject Name  
Test 1  
Subject I.D.

Operator Name, I.D.  
[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00688

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/28/24 04:17 .000  
Calibration Check:  
20 03/28/24 04:17 .099

Subject Name  
Test 2  
Subject I.D.

Operator Name, I.D.  
[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00689

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/28/24 04:18 .000  
Calibration Check:  
21 03/28/24 04:18 .098

Subject Name  
Test 3  
Subject I.D.

Operator Name, I.D.  
[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00690

Temp Date Time <sup>g/</sup> 210L

VOID: RFI  
12 03/28/24 04:20

Subject Name  
Test 4 / RFI  
Subject I.D.

Operator Name, I.D.  
[Signature]  
Location

AS IV Serial no: 111318  
Version no: 532B

TEST RECORD 00691

Temp Date Time <sup>g/</sup> 210L

Air Blank:  
03/28/24 04:21 .000  
Subject Test: Auto  
22 03/28/24 04:21 .000

Subject Name  
Test 5 / Sober  
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

NUMBER 220200

EXPIRES 8/19/2024

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave J. Nickelson*

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

