



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:20 am, Mar 02, 2021

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 02/23/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 1000 North Boonville Avenue Springfield, Missouri 65802	TIME OF INSPECTION 12:31 pm
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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
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG027403</u> EXP. DATE <u>09/30/2022</u>
<input type="checkbox"/> 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 ➔ .102	TEST 2 ➔ .102	TEST 3 ➔ .101
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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 200259 09/24/2022	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 00769

Temp Date Time ^{s/} 210L

Air Blank:
02/23/21 12:31 .000
Calibration Check:
20 02/23/21 12:31 .102

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

ZL Zroll

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00770

Temp Date Time ^{s/} 210L

Air Blank:
02/23/21 12:33 .000
Calibration Check:
21 02/23/21 12:33 .102

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

ZL Zroll

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00771

Temp Date Time ^{s/} 210L

Air Blank:
02/23/21 12:35 .000
Calibration Check:
22 02/23/21 12:35 .101

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

ZL Zroll

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00772

Temp Date Time ^{s/} 210L

VOID: RFI
12 02/23/21 12:37

Subject Name

Test 4 / RFS

Subject I.D.

Operator Name, I.D.

ZL Zroll

Location

AS IV Serial no: 097416
Version no: 532B

TEST RECORD 00773

Temp Date Time ^{s/} 210L

Air Blank:
02/23/21 12:38 .000
Subject Test: Auto
23 02/23/21 12:38 .000

Subject Name

Test 5 / Sober

Subject I.D.

Operator Name, I.D.

ZL Zroll

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 9/24/2020

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 200259

EXPIRES 9/24/2022

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 200259
Date Issued 9/24/2020 **Date Expires** 9/24/2022

