



**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 102472	NAME OF AGENCY Greene County Sheriff's Office	DATE OF INSPECTION 04/02/2021
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LOCATION OF INSTRUMENT (STREET AND CITY) 1000 North Boonville Avenue Springfield, Missouri	TIME OF INSPECTION 4:30 am
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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 Intoximeters	LOT # AG027403 EXP. DATE 09/30/2022
<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  .104	TEST 2  .104	TEST 3  .103
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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 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: 102472  
Version no: 532B

TEST RECORD 01551

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

Air Blank:  
04/02/21 04:30 .000  
Calibration Check:  
21 04/02/21 04:30 .104

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Bl Zroll

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01552

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

Air Blank:  
04/02/21 04:32 .000  
Calibration Check:  
21 04/02/21 04:32 .104

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Bl Zroll

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01553

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

Air Blank:  
04/02/21 04:34 .000  
Calibration Check:  
22 04/02/21 04:34 .103

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Bl Zroll

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01554

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

VOID: RFI  
12 04/02/21 04:36

Subject Name

Test 4 / RFI

Subject I.D.

Operator Name, I.D.

Bl Zroll

Location

AS IV Serial no: 102472  
Version no: 532B

TEST RECORD 01555

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

Air Blank:  
04/02/21 04:37 .000  
Subject Test: Auto  
24 04/02/21 04:37 .000

Subject Name

Test 5 / Sober

Subject I.D.

Operator Name, I.D.

Bl 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

NUMBER 200259

EXPIRES 9/24/2022

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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

