



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 097416	NAME OF AGENCY GREENE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 08/26/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 WEST DIVISION STREET SPRINGFIELD, MISSOURI 65802		TIME OF INSPECTION 11:42 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**

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG215102</u> EXP. DATE <u>05/31/2024</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 ➡ .098	TEST 2 ➡ .098	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).

CALIBRATION WAS COMPLETED. DRY GAS 0.100% STANDARD WAS USED. BROUGHT THE INSTRUMENT FROM 0.103% TO 0.098% FOR A TOTAL SPREAD OF 0.005.

<b>INSPECTING OFFICER</b>	
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: 097416  
Version no: 532B

TEST RECORD 00884

Temp	Date	Time	s/	210L
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Air Blank:  
08/26/22 11:42 .000  
Calibration Check:  
24 08/26/22 11:42 .098

Subject Name  
*Calibration*

Subject I.D.

Operator Name, I.D.

*Zh Urdl*  
Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00885

Temp	Date	Time	s/	210L
------	------	------	----	------

Air Blank:  
08/26/22 11:44 .000  
Calibration Check:  
25 08/26/22 11:44 .098

Subject Name

*Test 1*

Subject I.D.

Operator Name, I.D.

*Zh Urdl*  
Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00886

Temp	Date	Time	s/	210L
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Air Blank:  
08/26/22 11:46 .000  
Calibration Check:  
26 08/26/22 11:46 .098

Subject Name

*Test 2*

Subject I.D.

Operator Name, I.D.

*Zh Urdl*  
Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00887

Temp	Date	Time	s/	210L
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Air Blank:  
08/26/22 11:48 .000  
Calibration Check:  
26 08/26/22 11:48 .098

Subject Name  
*Test 3*

Subject I.D.

Operator Name, I.D.

*Zh Urdl*  
Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00888

Temp	Date	Time	s/	210L
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VOID: RFI  
12 08/26/22 11:50

Subject Name

*Test 4 / RFI*

Subject I.D.

Operator Name, I.D.

*Zh Urdl*  
Location

AS IV Serial no: 097416  
Version no: 532B

TEST RECORD 00889

Temp	Date	Time	s/	210L
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Air Blank:  
08/26/22 11:51 .000  
Subject Test: Auto  
26 08/26/22 11:51 .000

Subject Name

*Test 5 / Sober*

Subject I.D.

Operator Name, I.D.

*Zh Urdl*  
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

MO 580-0771 (5-10)

*Mike Massam*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Dave F. Nickelson*

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

