



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 102473	NAME OF AGENCY GREENE COUNTY SHERIFF'S OFFICE	DATE OF INSPECTION 09/26/2022
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 WEST DIVISION STREET SPRINGFIELD, MISSOURI 65802		TIME OF INSPECTION 6:34 pm

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 # AG111803 EXP. DATE 04/28/2023

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 ➔ .096	TEST 2 ➔ .096	TEST 3 ➔ .096
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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 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: 102473
Version no: 532B

TEST RECORD 01846

Temp Date Time 210L

Air Blank:
09/26/22 18:34 .000
Calibration Check:
29 09/26/22 18:34 .096

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

JL Wald
Location

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01847

Temp Date Time 210L

Air Blank:
09/26/22 18:36 .000
Calibration Check:
28 09/26/22 18:36 .096

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

JL Wald
Location

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01848

Temp Date Time 210L

Air Blank:
09/26/22 18:38 .000
Calibration Check:
28 09/26/22 18:38 .096

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

JL Wald
Location

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01849

Temp Date Time 210L

VOID: RFI
12 09/26/22 18:40

Subject Name

Test 4 / RFI
Subject I.D.

Operator Name, I.D.

JL Wald
Location

AS IV Serial no: 102473
Version no: 532B

TEST RECORD 01850

Temp Date Time 210L

Air Blank:
09/26/22 18:41 .000
Subject Test: Auto
28 09/26/22 18:41 .000

Subject Name

Test 5 / sober
Subject I.D.

Operator Name, I.D.

JL Wald
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

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Paula J. Nickelson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (RG-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

