



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 043579	PRINTER SN 91.9821.022	DATE OF INSPECTION 03/14/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 301n 2nd, St Charles MO 63301		TIME OF INSPECTION 5:24 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	<i>Passed</i>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<i>27°C</i>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<i>Passed</i>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<i>03/14/2016 17:24 hrs</i>

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters, Inc. LOT # AG525303 EXP. DATE 09/10/2017

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR 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 • .078 TEST 2 • .078 TEST 3 • .078

RFI DETECTOR OPERATING *Passed*

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	3	(.15-.19)	0	(OVER .19)	0
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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).

Adjusted time for Daylight savings.

INSPECTING OFFICER

SIGNATURE <i>[Signature]</i>	PRINT NAME Officer Ginnever DSN 620
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TYPE II PERMIT NUMBER/EXPIRATION DATE 250185-08/18/2017	TELEPHONE NUMBER (636) 949-3000
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Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier

Intoximeters, Inc.

2081 Craig Road

St. Louis, Mo 63146

Test Date: 14-Sep-2015

Lot # AG525303 Model 108cccd

Exp. Date

10-Sep-2017

Cyl. Type

108

Component

Ethanol

Nitrogen

Certified Concentration

0.080 ± 0.002 BrAC (218 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.

EB0010581

Concentration

391.8 ppm

Serial No.

EB0010603

Concentration

392.5 ppm

EB0010570

259.8 ppm

EB0010559

258.9 ppm

EB0010285

209.0 ppm

EB0010595

208.9 ppm

EB0010561

103.7 ppm

EB0010562

104.9 ppm

EB0010681

52.22 ppm

EB0010579

52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control
Date: 2015.09.14 14:59:00 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: _____

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



**PERMIT
TYPE II**

SCOTT R GINNEVER

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

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 806.111 through 806.119 RSMo.

DATE 8/18/2015

NUMBER 250185

EXPIRES 8/18/2017

W. V. Vesterly
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Garl Vesterly

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 43 (B) (10)

MO 880-0771 (6-10)

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 **GINNEVER, SCOTT**
Permit No **250185**
Date Issued **8/18/2015** Date Expires **8/18/2017**

ST. CHARLES COUNTY POLICE DEPARTMENT - BREATH ALCOHOL PROGRAM

AS IV Serial no: 943579
Version no: 532B

TEST RECORD 00175

Temp Date Time 210L %/
Air Blank: 03/14/16 17:24 .000
Calibration Check: 27 03/14/16 17:24 .078

Subject Name
TEST

Subject I.D.
Grimm 620

Operator Name, I.D.
300 R 2nd

Location
St Charles MO 63301

DCC

AS IV Serial no: 943579
Version no: 532B

TEST RECORD 00177

Temp Date Time 210L %/
Air Blank: 03/14/16 17:25 .000
Calibration Check: 28 03/14/16 17:25 .078

Subject Name
TEST

Subject I.D.
Grimm-620

Operator Name, I.D.
300 R 2nd

Location
St Charles MO 63301

DCC

AS IV Serial no: 943579
Version no: 532B

TEST RECORD 00178

Temp Date Time 210L %/
Air Blank: 03/14/16 17:27 .000
Calibration Check: 28 03/14/16 17:27 .078

Subject Name
TEST

Subject I.D.
Grimm-620

Operator Name, I.D.
300 R 2nd

Location
St Charles MO 63301

DCC

AS IV Serial no: 943579
Version no: 532B

TEST RECORD 00179

Temp Date Time 210L %/
VOID: NFI
12 03/14/16 17:28

Subject Name
TEST

Subject I.D.
Grimm-620

Operator Name, I.D.
300 R 2nd

Location
St Charles MO 63301

DCC

TICKET #1

TICKET #2

TICKET #3

TICKET #4

ASIV S/N: 643579

TYPE II: Grimm 620

DATE: 03/14/2016