



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED

By Carol Day at 2:08 pm, Apr 28, 2016

Complete this report in duplicate at the time of the regular monthly preventive 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 04/13/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 301 N 2nd, St Charles MO 63301		TIME OF INSPECTION 2:01 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)	Passed
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	26°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	Passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	04/13/2016 14:01 hrs

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, Inc.</u>	LOT # <u>AG525303</u> EXP. DATE <u>09/10/2017</u>
<input type="checkbox"/> 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)

<input type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input checked="" type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .080	TEST 2 → .080	TEST 3 → .079
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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)	1	(.10-.14)	0	(.15-.19)	1	(OVER .19)	3
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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 <i>[Signature]</i>	PRINT NAME Officer , S. Ginnever DSN 620
TYPE II PERMIT NUMBER/EXPIRATION DATE 250185 - 08/18/2017	TELEPHONE NUMBER (636) 949-3000

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** 108cacc

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:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	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 306.111 through 306.119 RSMo.

DATE 8/18/2015

NUMBER 250185

EXPIRES 8/18/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (06-10)

MO 580-0771 (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

<p>AS IV Serial no: 043579 Version no: 532B</p> <p>TEST RECORD 00187 %/</p> <p>Temp Date Time 210L</p> <p>Air Blank: 04/13/16 14:01 .000 Calibration Check: 26 04/13/16 14:01 .000</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Ginner 626</u></p> <p>Operator Name, I.D. <u>301 N 2nd</u></p> <p>Location <u>St Charles MD 63301</u></p>	<p>AS IV Serial no: 043579 Version no: 532B</p> <p>TEST RECORD 00188 %/</p> <p>Temp Date Time 210L</p> <p>Air Blank: 04/13/16 14:03 .000 Calibration Check: 27 04/13/16 14:03 .000</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Ginner 620</u></p> <p>Operator Name, I.D. <u>301 N 2nd</u></p> <p>Location <u>St Charles MD 63301</u></p>	<p>AS IV Serial no: 043579 Version no: 532B</p> <p>TEST RECORD 00189 %/</p> <p>Temp Date Time 210L</p> <p>Air Blank: 04/13/16 14:05 .000 Calibration Check: 27 04/13/16 14:05 .079</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Ginner 620</u></p> <p>Operator Name, I.D. <u>301 N 2nd</u></p> <p>Location <u>St Charles MD 63301</u></p>	<p>AS IV Serial no: 043579 Version no: 532B</p> <p>TEST RECORD 00190 %/</p> <p>Temp Date Time 210L</p> <p>VOID: RFI 12 04/13/16 14:06</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Ginner 620</u></p> <p>Operator Name, I.D. <u>301 N 2nd</u></p> <p>Location <u>St Charles MD 63301</u></p>
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TICKET #1

TICKET #2

TICKET #4

ASIV S/N: 043579

TYPE II: Ginner 620 250185

DATE: 04/13/2016