



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED
By: Tracy Dierker at 4:05pm, Jan 10, 2020

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 031393	PRINTER SN 08C.3527.093	DATE OF INSPECTION 01/10/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct, O'Fallon MO 63366		TIME OF INSPECTION 12:11 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>12:11 hours 01/10/2020</i>

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>AG824102</u> EXP. DATE <u>08/29/2020</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____	SIMULATOR SN _____ SIMULATOR EXP DATE _____
<input checked="" type="checkbox"/> 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 .076	TEST 2 .076	TEST 3 .076
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING	<i>Passed</i>
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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)	0	(.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).

Put into service 01/10/2020.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Officer Ginnever, DSN 620
TYPE II PERMIT NUMBER/EXPIRATION DATE 290152-07/17/2021	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

ST. CHARLES COUNTY POLICE DEPARTMENT - BREATH ALCOHOL PROGRAM

<p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00104</p> <p>Temp Date Time 210L %/</p> <p>Air Blank: 01/10/20 12:11 .000</p> <p>Calibration Check: 27 01/10/20 12:11 .076</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u>Ginniver 670</u></p> <p>Operator Name, I.D. <u>SCLCPD</u></p> <p>Location</p>	<p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00105</p> <p>Temp Date Time 210L %/</p> <p>Air Blank: 01/10/20 12:12 .000</p> <p>Calibration Check: 27 01/10/20 12:12 .076</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u>Ginniver 670</u></p> <p>Operator Name, I.D. <u>SCLCPD</u></p> <p>Location</p>	<p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00106</p> <p>Temp Date Time 210L %/</p> <p>Air Blank: 01/10/20 12:14 .000</p> <p>Calibration Check: 28 01/10/20 12:14 .076</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u>Ginniver 670</u></p> <p>Operator Name, I.D. <u>SCLCPD</u></p> <p>Location</p>	<p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00107</p> <p>Temp Date Time 210L %/</p> <p>VOID: RFI 12 01/10/20 12:15</p> <p>Subject Name <u>Test</u></p> <p>Subject I.D. <u>Ginniver 670</u></p> <p>Operator Name, I.D. <u>SCLCPD</u></p> <p>Location</p>
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TICKET #1

TICKET #2

TICKET #3

TICKET #4

ASIV S/N: 031393

TYPE II: Ginniver 670

DATE: 01/10/2020



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: 29-Aug-2018

Lot # AG824102 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
29-Aug-2020	108	Ethanol	0.080 ± 0.002 BrAC (218 ppm)
		Nitrogen	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	392.1 ppm	EB0010603	393.0 ppm
EB0010570	259.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010581	52.12 ppm	EB0010579	52.81 ppm

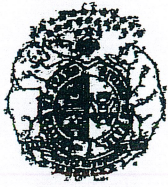
Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2018.08.29 18:38:29 -05:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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 577.04-1, RSMo and 306.111 through 306.119 RSMo.

DATE 7/17/2019

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290152

EXPIRES 7/17/2021

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-70)

LAB-1 (PG-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 290152
Date Issued 7/17/2019 Date Expires 7/17/2021