



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 031393	PRINTER SN 08c.3527.093	DATE OF INSPECTION 02/10/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct, O'Fallon MO 63366		TIME OF INSPECTION 9:34 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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)	Passed
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	Passed 20°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	Passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	09:34 hours 02/10/2020

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 → .078	TEST 2 → .077	TEST 3 → .077
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING	Passed
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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)	1	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	(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).

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

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00121

Temp Date Time 210L

Air Blank: 02/10/20 09:34 .000
Calibration Check: 20 02/10/20 09:34 .078

Subject Name
Test

Subject I.D.
Ginniver 620

Operator Name, I.D.
101 Sheriff Dierker

Location

TICKET #1

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00122

Temp Date Time 210L

Air Blank: 02/10/20 09:36 .000
Calibration Check: 20 02/10/20 09:36 .077

Subject Name
Test

Subject I.D.
Ginniver 620

Operator Name, I.D.
101 Sheriff Dierker

Location

TICKET #2

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00123

Temp Date Time 210L

Air Blank: 02/10/20 09:37 .000
Calibration Check: 21 02/10/20 09:37 .077

Subject Name
Test

Subject I.D.
Ginniver 620

Operator Name, I.D.
101 Sheriff Dierker

Location

TICKET #3

AS IV Serial no: 031393
Version no: 532C

TEST RECORD 00124

Temp Date Time 210L

VOID: RFI
12 02/10/20 09:38

Subject Name
Test

Subject I.D.
Ginniver 620

Operator Name, I.D.
101 Sheriff Dierker

Location

TICKET #4

ASIV S/N: 031393

TYPE-II: Ginniver 620

DATE: 02/10/2020

Airgas

USA LLC (LAB)

Street

23103

3109

3723

Certificate of Analysis

29-Aug-2018

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St Louis, Mo 63146

Lot # AG824102 Model 100ca00

Exp. Date	Cyl. Type	Component	Measured Concentration
29-Aug-2020	108	Ethanol	70.0 ± 0.02 BrAC (218 ppm)
		Nitrogen	20.1%

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

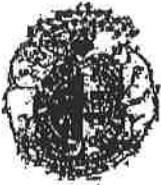
Serial No.	Concentration	Serial No.	Concentration
EB0010531	392.4 ppm	EB0010563	193.0 ppm
EB0010570	255.8 ppm	EB0010559	255.2 ppm
EB0010285	208.0 ppm	EB0010596	208.3 ppm
EB0010561	103.5 ppm	EB0010582	104.2 ppm
EB0010584	52.12 ppm	EB0010573	52.81 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2018.08.29 14:33:28 -0500
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Approved for Release: Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3017.06



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



SCOTT GINNEVER

is hereby authorized to instruct and supervise operators, perform maintenance, 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, to be used for the purpose of a permit issued under the provisions of sections 577.020 through 577.041, RSMo and 608.111 through 608.115, 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 890-0771 (8-03)

LAB 4/RS-101

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 from of except as in Missouri.

Operator **GINNEVER, SCOTT**
Permit No. **290152**
Date Issued **7/17/2019** Date Expires **7/17/2021**