



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 03/09/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct, O'Fallon MO 63366	TIME OF INSPECTION 11:38 am
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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) *Passed*
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C) *Passed 20°C*
- PRINTER WORKING PROPERLY *Passed*
- TIME AND DATE DISPLAYING PROPERLY *11:38 hours 03/09/2020*

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters, Inc. LOT # AG824102 EXP. DATE 08/29/2020
- 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 ← .079	TEST 2 ← .079	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)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	2
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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>PO. [Signature] 620</i>	PRINT NAME Officer Ginnever, DSN 620
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TYPE II PERMIT NUMBER/EXPIRATION DATE 290152-07/17/2021	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

ST. CHARLES COUNTY POLICE DEPARTMENT - BREATH ALCOHOL PROGRAM

<p>TICKET #1</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00130</p> <p>Temp Date Time 9/ 210L</p> <p>Air Blank: 03/09/20 11:38 .080 Calibration Check: 20 03/09/20 11:38 .078</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Givner 620</u></p> <p>Operator Name, I.D. <u>SCCPD</u></p> <p>Location</p>	<p>TICKET #2</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00131</p> <p>Temp Date Time 9/ 210L</p> <p>Air Blank: 03/09/20 11:39 .000 Calibration Check: 21 03/09/20 11:39 .077</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Givner 620</u></p> <p>Operator Name, I.D. <u>SCCPD</u></p> <p>Location</p>	<p>TICKET #3</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00132</p> <p>Temp Date Time 9/ 210L</p> <p>Air Blank: 03/09/20 11:40 .000 Calibration Check: 21 03/09/20 11:40 .077</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Givner 620</u></p> <p>Operator Name, I.D. <u>SCCPD</u></p> <p>Location</p>	<p>TICKET #4</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00133</p> <p>Temp Date Time 9/ 210L</p> <p>VOID: RPI 12 03/09/20 11:41</p> <p>Subject Name <u>TEST</u></p> <p>Subject I.D. <u>Givner 620</u></p> <p>Operator Name, I.D. <u>SCCPD</u></p> <p>Location</p>
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ASIV S/N: 031393

TYPE II: Givner 620

DATE: 03/09/2020

Airgas

Airgas LLC (LAB)
10000 Grand Street
St. Louis, MO 63103
Phone: (314) 316-3100
Fax: (314) 316-3123

Certificate of Analysis

Customer Name
Exclusive Supplier
Infoximeters, Inc.
2001 Craig Road
St. Louis, Mo 63148

Test Date 29-Aug-2018

Lot # AG824102 Model 108cacc

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Calibrated Concentration</u>
29-Aug-2020	108	Ethanol	0.000-0.002 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>
EB0010584	392.1 ppm	EB0010603	193.0 ppm
EB0010570	289.5 ppm	EB0010659	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.5 ppm	EB0010562	104.2 ppm
EB0010583	52.12 ppm	EB0010579	52.81 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2018.08.29 12:34:20 -0500
Reason: My gas standard certification of analysis
Location: Apex USA LLC (Lab)

Approved for Release: _____

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06



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

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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 alcohol content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 608.111 through 608.113 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 880-0771 (6/10)

LAB 4.06-10

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 alcohol content in breath from a sample of expired air in Missouri.

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