



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 06/10/2020
LOCATION OF INSTRUMENT (STREET AND CITY) SCGDOC		TIME OF INSPECTION 4:33 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)	Passed 21°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	Passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	16:33 hours 06/10/2020

**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>

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 → .077	TEST 2 → .077	TEST 3 → .077
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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-.04) 0	(.05-.09) 2	(.10-.14) 3	(.15-.19) 2	(OVER .19) 1
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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).

<b>INSPECTING OFFICER</b>	
SIGNATURE <i>[Signature]</i>	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>TICKET #1</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00148</p> <p>Temp Date Time 210L <sup>9/</sup></p> <p>Air Blank: 06/10/20 16:33 .000 Calibration Check: 21 06/10/20 16:33 .077</p> <p>Subject Name TEST Subject I.D. Givner 620 Operator Name: I.D. SCCPD Location</p>	<p>TICKET #2</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00149</p> <p>Temp Date Time 210L <sup>9/</sup></p> <p>Air Blank: 06/10/20 16:34 .000 Calibration Check: 22 06/10/20 16:34 .077</p> <p>Subject Name TEST Subject I.D. Givner 620 Operator Name: I.D. SCCPD Location</p>	<p>TICKET #3</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00150</p> <p>Temp Date Time 210L <sup>9/</sup></p> <p>Air Blank: 06/10/20 16:36 .000 Calibration Check: 22 06/10/20 16:36 .077</p> <p>Subject Name TEST Subject I.D. Givner 620 Operator Name: I.D. SCCPD Location</p>	<p>TICKET #4</p> <p>AS IV Serial no: 031393 Version no: 532C</p> <p>TEST RECORD 00152</p> <p>Temp Date Time 210L <sup>9/</sup></p> <p>VOID: RF1 12 06/10/20 16:38</p> <p>Subject Name TEST Subject I.D. Givner 620 Operator Name: I.D. SCCPD Location</p>
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ASIV S/N: 031393

TYPE II: Givner 620

DATE: 06/10/2020

St. Charles County Police Department | ASIV Monthly Calibration Check Ticket Report

# Airgas

Airgas USA LLC (LAB)  
3300 East 11th Street  
St. Louis, Mo 63103  
Tel: (314) 533-3100  
Fax: (314) 533-7324

## Certificate of Analysis

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

Test Date: 29 Aug 2018

Lot # AG824102 Model 108acc1

<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>
EB0010584	392.1 ppm	EB0010563	393.0 ppm
EB0010570	289.8 ppm	EB0010559	288.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.5 ppm	EB0010562	104.2 ppm
EB0010684	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 analytes  
Location: Alpha USA LLC (Lab)

Approved for Release:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3042.06



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 577.041, RSMo and 808.111 through 808.119, 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 880-0771 (8/18)

LAB-1016-101

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 form of expired air in Missouri.

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