



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 042311	PRINTER SN 099.3586.572	DATE OF INSPECTION 02/10/2020
LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct, O'Fallon MO 63366		TIME OF INSPECTION 8:58 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 21°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	Passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	08:58 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 Intoximeters, Inc.	LOT # AG824102 EXP. DATE 08/29/2020
<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 ← .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)	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 02/10/2020.

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

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00077
Temp Date Time 210L

W01D: RFI
12 02/10/20 09:01

Subject Name
TEST

Subject I.D.
Ginnar 620

Operator Name, I.D.
101 Sheriff Diciver

Location

TICKET #4

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00076
Temp Date Time 210L

Air Blank:
02/10/20 09:00 .000
Calibration Check:
22 02/10/20 09:00 .079

Subject Name
TEST

Subject I.D.
Ginnar 620

Operator Name, I.D.
101 Sheriff Diciver

Location

TICKET #3

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00075
Temp Date Time 210L

Air Blank:
02/10/20 08:59 .000
Calibration Check:
22 02/10/20 08:59 .079

Subject Name
TEST

Subject I.D.
Ginnar 620

Operator Name, I.D.
101 Sheriff Diciver

Location

TICKET #2

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00074
Temp Date Time 210L

Air Blank:
02/10/20 08:58 .000
Calibration Check:
21 02/10/20 08:58 .079

Subject Name
TEST

Subject I.D.
Ginnar 620

Operator Name, I.D.
101 Sheriff Diciver

Location

TICKET #1

ASIV S/N: 042311
TYPE II: Ginnar 620
DATE: 02/10/2020

Airgas.

Airgas USA LLC (LAB)
10000
63103
3100
631328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63148

Issue Date: 28-Aug-2018

Lot # AG824102 Model 108Cald

Exp. Date	Cyl. Type	Component	Certified Concentration
29-Aug-2020	108	Ethanol Nitrogen	0.002 BrAC (218 ppm)

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

Serial No.	Concentration	Serial No.	Concentration
EB0010501	392.1 ppm	EB0010503	283.0 ppm
EB0010570	253.5 ppm	EB0010508	265.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.5 ppm	EB0010562	104.2 ppm
EB0010584	52.12 ppm	EB0010573	52.51 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2018.08.28 14:35:26 -0500
Reason: I am the standard certification of analysis
Location: Airgas 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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SCOTT R GINNEVER

is hereby authorized to instruct and supervise operators, train technicians, 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 508.111 through 508.119, RSMo.

DATE 7/17/2019

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 290152

EXPIRES 7/17/2021

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-1, (R)-101

MO-890-0771 (8-10)

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**

