


 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 03/09/2020
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct, O'Fallon MO 63366	TIME OF INSPECTION 9:07 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 22°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	Passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	09:07 hours 03/09/2020

**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 .078	TEST 3 .078
-------------	-------------	-------------

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
------------	-----------	-------------	-------------	-------------	--------------

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 	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 00078 s/  
Temp Date Time 210L

Air Blank: 03/09/20 09:07 .000  
Calibration Check: 22 03/09/20 09:07 .079

Subject Name

*Test*

Subject I.D.

*Ginner 620*

Operator Name, I.D.

*SCCPD*

Location

AS IV Serial no: 042311  
Version no: 532C

TEST RECORD 00079 s/  
Temp Date Time 210L

Air Blank: 03/09/20 09:08 .000  
Calibration Check: 22 03/09/20 09:08 .078

Subject Name

*Test*

Subject I.D.

*Ginner 620*

Operator Name, I.D.

*SCCPD*

Location

AS IV Serial no: 042311  
Version no: 532C

TEST RECORD 00080 s/  
Temp Date Time 210L

Air Blank: 03/09/20 09:09 .000  
Calibration Check: 22 03/09/20 09:09 .078

Subject Name

*Test*

Subject I.D.

*Ginner 620*

Operator Name, I.D.

*SCCPD*

Location

AS IV Serial no: 042311  
Version no: 532C

TEST RECORD 00081 s/  
Temp Date Time 210L

VDID: RFI  
12 03/09/20 09:10

Subject Name

*Test*

Subject I.D.

*Ginner 620*

Operator Name, I.D.

*SCCPD*

Location

TICKET #1

TICKET #2

TICKET #3

TICKET #4

ASIV S/N: 042311

TYPE II: *Ginner 620*

DATE: 03/09/2020



AIRGAS USA LLC (LAB)  
1000 Industrial Forest  
St. Louis, Mo. 63103  
Tel: 314.675.3100  
Fax: 314.675.7028

### Certificate of Analysis

**Customer Name**  
*Exclusive Supplier*  
Infoximeters, Inc.  
2001 Craig Road  
St. Louis, Mo. 63146

Test Date: 20-Aug-2018

Lot # AG824102 Model 100bacd

Exp. Date	Cyl. Type	Component	Certified Concentration
29-Aug-2020	10B	Ethanol Nitrogen	0.010-0.002 EtAC (214 ppm) None

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

Serial No.	Concentration	Serial No.	Concentration
EB0010501	392.1 ppm	EB0010503	393.9 ppm
EB0010570	258.8 ppm	EB0010553	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.5 ppm	EB0010562	104.2 ppm
EB0010583	52.32 ppm	EB0010574	52.81 ppm

**Analytical Method:** NDIR

Digitally signed by Quality Control  
Date: 2018.08.20 14:38:20 -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



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 309.111 through 309.119, 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

MO 582-0771 (03/01)

LAB 4 (16-10)

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

**INSTRUMENT OPERATOR CARD**

*The permit card holder is authorized to operate an evidential breath alcohol instrument for the determination of the alcohol content in breath from a person in Missouri.*

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

