



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 04/08/2020
LOCATION OF INSTRUMENT (STREET AND CITY) .101 Sheriff Dierker Ct, O'Fallon MO 63366		TIME OF INSPECTION 4:41 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 23°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	Passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	16:41 hours 04/08/2020

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 → .077	TEST 2 → .076	TEST 3 → .076
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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).

INSPECTING OFFICER	
SIGNATURE <i>PO [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

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00082 ^{s/}

Temp Date Time 210L
Air Blank: 04/08/20 16:41 .000
Calibration Check: 23 04/08/20 16:41 .077

Subject Name
Subject I.D.
Operator Name, I.D.
Location

Test
Ginnver 620
SCCPD

TICKET #1

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00083 ^{s/}

Temp Date Time 210L
Air Blank: 04/08/20 16:42 .000
Calibration Check: 23 04/08/20 16:42 .076

Subject Name
Subject I.D.
Operator Name, I.D.
Location

Test
Ginnver 620
SCCPD

TICKET #2

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00084 ^{s/}

Temp Date Time 210L
Air Blank: 04/08/20 16:44 .000
Calibration Check: 24 04/08/20 16:44 .076

Subject Name
Subject I.D.
Operator Name, I.D.
Location

Test
Ginnver 620
SCCPD

TICKET #3

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00085 ^{s/}

Temp Date Time 210L
VOID: RFI 12 04/08/20 16:44

Subject Name
Subject I.D.
Operator Name, I.D.
Location

Test
Ginnver 620
SCCPD

TICKET #4

ASIV S/N: 042311
TYPE II: Ginnver 620 DATE: 04/08/2020



ALIAS (PAB)
1000 Blvd
St. Louis, MO 63103
Phone: 314-431-7100
Fax: 314-431-7100

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2031 Craig Road
St. Louis, Mo 63148

Issue Date: 29-Aug-2010

Lot # AG824102 **Model** 108ca03

Exp. Date	Cyl. Type	Component	Certified Concentration
29-Aug-2020	108	Ethanol	0.005 (0.012 BrAC (218 ppm))
		Methanol	0.000

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

Serial No.	Concentration	Serial No.	Concentration
EB0010541	392.1 ppm	EB0010503	333.0 ppm
EB0010570	289.8 ppm	EB0010489	268.2 ppm
EB0010285	208.0 ppm	EB0010595	208.1 ppm
EB0010564	103.5 ppm	EB0010582	104.2 ppm
EB0010584	52.12 ppm	EB0010579	52.01 ppm

Analytical Method: NDIR

Developed by Quality Control
Date: 2/18/04 20:08:29
Method: D17 (01) standard verification of analysis
Location: Alias USA LLC (Lab)

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3012.05



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



PERMIT
TYPE I

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 obtained in Permit Issued under the provisions of sections 577.020 through 577.041, RSMo and 600.111 through 600.140, RSMo.

DATE 7/17/2019

NUMBER 290152

EXPIRES 7/17/2021

MO 120 0771 05 01

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 098 100

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

INSTRUMENT OPERATOR CARD

The operator on this card is authorized to operate an Alcotest breath alcohol analyzer 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

