



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 07/09/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 Sheriff Dierker Ct, O'Fallon MO 63366	TIME OF INSPECTION 8:06 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.

<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	08:06 hours 07/09/2020

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
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<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters, Inc.</u>	LOT # <u>AG824102</u>	EXP. DATE <u>08/29/2020</u>
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<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN	SIMULATOR EXP DATE
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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 ← .077	TEST 3 ← .077
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<input checked="" type="checkbox"/> RFI DETECTOR OPERATING	Passed
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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>[Signature]</i> 620	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

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00087 a/
Temp Date Time 210L

Air Blank: 07/09/20 08:06 .000
Calibration Check: 21 07/09/20 08:06 .077

Subject Name

Test

Subject I.D.

Ginniver 620

Operator Name, I.D.

SCCPD

Location

TICKET #1

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00088 a/
Temp Date Time 210L

Air Blank: 07/09/20 08:08 .000
Calibration Check: 22 07/09/20 08:08 .017

Subject Name

Test

Subject I.D.

Ginniver 620

Operator Name, I.D.

SCCPD

Location

TICKET #2

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00089 a/
Temp Date Time 210L

Air Blank: 07/09/20 08:09 .000
Calibration Check: 22 07/09/20 08:09 .077

Subject Name

Test

Subject I.D.

Ginniver 620

Operator Name, I.D.

SCCPD

Location

TICKET #3

AS IV Serial no: 042311
Version no: 532C

TEST RECORD 00090 a/
Temp Date Time 210L

UID: RFI
12 07/09/20 08:10

Subject Name

Test

Subject I.D.

Ginniver 620

Operator Name, I.D.

SCCPD

Location

TICKET #4

ASIV S/N: 042311

TYPE II: *Ginniver 620*

DATE: 07/09/2020

Airgas

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2031 Oak Road
St Louis, Mo 63146

29-Aug-2020

Lot # AG824102 Model # 100

Exp. Date	Cyl. Type	Component	Concentration
29-Aug-2020	100	Ethanol 100% Ethanol	100% BAC (218 ppm)

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

Serial No.	Concentration	Serial No.	Concentration
EB0010501	392.1 ppm	EB0010503	453.0 ppm
EB0010570	269.8 ppm	EB0010508	258.2 ppm
EB0010288	208.0 ppm	EB0010516	208.3 ppm
EB0010861	103.8 ppm	EB0010462	104.2 ppm
EB0010583	62.42 ppm	EB0010515	62.61 ppm

Analytical Method: NDIR

Digitally signed by Rod Marsala
Date: 2020.08.29 16:38:34 -0500
Reason: I'm the Standard Certification of Analysis
Location: Appleton, WI, USA

Approved for Release:



Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3042.06



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES



SCOTT GRINEVER

is hereby authorized to instruct and supervise operators of breath analyzers, calibrate, perform field service and repairs and operate the following breath analyzer(s):

ALCO-SENSOR 4000 PRINTER

for the determination of the alcohol content of blood for use in criminal cases under the provisions of sections 577.020 through 577.041, RSMo and 402.101, Missouri State Constitution.

DATE 7/17/2019

NUMBER 290152

EXPIRES 7/17/2021

MO 580-0771 (8/17)

[Signature]
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 5766102

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

INSTRUMENT OPERATOR CARD

The holder of this card is authorized to operate any Alcotest breath alcohol analyzer for the determination of the alcohol content in breath for use in criminal cases in Missouri.

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

