



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY

**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

RECEIVED  
By: Tracy D. ...

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 <b>043580</b>	PRINTER SN <b>84.9324.045</b>	DATE OF INSPECTION <b>03/09/2020</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>SCCDOC</b>		TIME OF INSPECTION <b>10:23 am</b>

**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)	<i>Passed</i>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<i>Passed 25°C</i>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<i>Passed</i>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<i>10:23 hours 03/09/2020</i>

**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>
<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 <i>0.079</i>	TEST 2 <i>0.079</i>	TEST 3 <i>0.079</i>
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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)	1	(.15-.19)	1	(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).

Adjusted time for Daylight savings.

INSPECTING OFFICER	
SIGNATURE <i>[Signature]</i>	PRINT NAME <b>Officer Ginnever, DSN 620</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>290152-07/17/2021</b>	TELEPHONE NUMBER <b>(636) 949-3000</b>

**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>AS IV Serial no: 043580 Version no: 532C TEST RECORD 00188</p> <p>Temp Date Time 210L %/ Air Blank: 03/09/20 10:23 .000 Calibration Check: 25 03/09/20 10:23 .079</p> <p>Subject Name <i>TEST</i> Subject I.D. <i>Givner 620</i> Operator Name, I.D. <i>SCLDoc</i> Location</p>	<p>AS IV Serial no: 043580 Version no: 532C TEST RECORD 00189</p> <p>Temp Date Time 210L %/ Air Blank: 03/09/20 10:24 .000 Calibration Check: 26 03/09/20 10:24 .079</p> <p>Subject Name <i>TEST</i> Subject I.D. <i>Givner 620</i> Operator Name, I.D. <i>SCLDoc</i> Location</p>	<p>AS IV Serial no: 043580 Version no: 532C TEST RECORD 00190</p> <p>Temp Date Time 210L %/ Air Blank: 03/09/20 10:26 .000 Calibration Check: 26 03/09/20 10:26 .079</p> <p>Subject Name <i>TEST</i> Subject I.D. <i>Givner 620</i> Operator Name, I.D. <i>SCLDoc</i> Location</p>	<p>AS IV Serial no: 043580 Version no: 532C TEST RECORD 00191</p> <p>Temp Date Time 210L %/ VQID: RFI 12 03/09/20 10:27</p> <p>Subject Name <i>TEST</i> Subject I.D. <i>Givner 620</i> Operator Name, I.D. <i>SCLDoc</i> Location</p>
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**TICKET #1**                      **TICKET #2**                      **TICKET #3**                      **TICKET #4**

ASIV S/N: 043580

TYPE II: Givner 620

DATE: 03/09/2020



Airgas USA LLC (LAB)  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

**Certificate of Analysis**

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

Test Date: 29-Aug-2018

Lot # AG824102 Model 108cadd

<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>
EB0010581	392.1 ppm	EB0010603	393.0 ppm
EB0010570	255.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010584	52.12 ppm	EB0010579	52.81 ppm

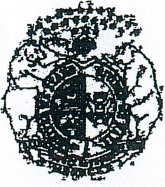
Analytical Method: NDIR

Digitally signed by Quality Control  
 Date: 2018.08.29 18:38:20 -05:00  
 Reason: Dry gas standard certification of analysis  
 Location: Airgas USA LLC (Lab)

Approved for Release: \_\_\_\_\_

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 806.111 through 806.119 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 580-0771 (6-10)

LAB-1 (R6-10)

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