



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 043580	PRINTER SN 84.9324.045	DATE OF INSPECTION 04/08/2020
LOCATION OF INSTRUMENT (STREET AND CITY) SCCDOC		TIME OF INSPECTION 5:53 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)	<i>Passed</i>
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C)	<i>Passed 23°C</i>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	<i>Passed</i>
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	<i>Passed. 17:53 hours 04/08/2020</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 ➔ .078	TEST 2 ➔ .077	TEST 3 ➔ .077
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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)	2
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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>	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

CHARLES COUNTY POLICE DEPARTMENT - BREATH ALCOHOL PROGRAM

AS IV Serial no: 043580
Version no: 532C

TEST RECORD 00194
Temp Date Time 210L

Air Blank: 04/08/20 17:53 .000
Calibration Check: 23 04/08/20 17:53 .078

Subject Name TEST
Subject I.D. Ginniver 620
Operator Name, I.D. SCCDOC
Location

TICKET #1

AS IV Serial no: 043580
Version no: 532C

TEST RECORD 00195
Temp Date Time 210L

Air Blank: 04/08/20 17:55 .000
Calibration Check: 24 04/08/20 17:55 .077

Subject Name TEST
Subject I.D. Ginniver 620
Operator Name, I.D. SCCDOC
Location

TICKET #2

AS IV Serial no: 043580
Version no: 532C

TEST RECORD 00196
Temp Date Time 210L

Air Blank: 04/08/20 17:56 .000
Calibration Check: 25 04/08/20 17:56 .077

Subject Name TEST
Subject I.D. Ginniver 620
Operator Name, I.D. SCCDOC
Location

TICKET #3

AS IV Serial no: 043580
Version no: 532C

TEST RECORD 00197
Temp Date Time 210L

Air Blank: 04/08/20 17:57

Subject Name TEST
Subject I.D. Ginniver 620
Operator Name, I.D. SCCDOC
Location

TICKET #4

ASIV S/N: 643580

TYPE II: Ginniver 620

DATE: 04/08/2020



Airgas USA LLC (LAB)
3000 Airport Street
St. Louis, Mo. 63103
Phone: 636-3100
Fax: 636-633-7328

Certificate of Analysis

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

Test Date: 29-Aug-2018

Lot # AG824102 Model 106caci

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Calibrated Concentration</u>
29-Aug-2020	106	Ethanol Nitrogen	0.000 ± 0.002 BrAC (218 ppm)

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

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010584	392.1 ppm	EB0010563	393.0 ppm
EB0010570	258.8 ppm	EB0010559	258.2 ppm
EB0010285	208.0 ppm	EB0010595	208.3 ppm
EB0010561	103.5 ppm	EB0010562	104.2 ppm
EB0010581	52.12 ppm	EB0010579	52.81 ppm

Analytical Method: NDIR

Digitally signed by Custody Control
Date: 2018.08.29 16:38:29 -0500
Reason: Dry gas 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 808.111 through 808.119, 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

LAB-5.016-101

MO.680-0771 (8-79)

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**