


 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 05/07/2020
LOCATION OF INSTRUMENT (STREET AND CITY) SCCDOC		TIME OF INSPECTION 8:17 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 21°C
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY	Passed
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY	08:17 hours 05/07/2020

**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 → .081	TEST 2 → .080	TEST 3 → .079
---------------	---------------	---------------

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).

**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

CHARLES COUNTY POLICE DEPARTMENT - BREATH ALCOHOL PROGRAM

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00198

Temp Date Time 210L

Air Blank: 05/07/20 08:17 .000

Calibration Check: 21 05/07/20 08:17 .081

Subject Name  
TEST

Subject I.D.  
Ginniver-620

Operator Name, I.D.  
SCDDOC

Location

TICKET #1

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00199

Temp Date Time 210L

Air Blank: 05/07/20 08:19 .000

Calibration Check: 22 05/07/20 08:19 .080

Subject Name  
TEST

Subject I.D.  
Ginniver-620

Operator Name, I.D.  
SCDDOC

Location

TICKET #2

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00200

Temp Date Time 210L

Air Blank: 05/07/20 08:20 .000

Calibration Check: 23 05/07/20 08:20 .079

Subject Name  
TEST

Subject I.D.  
Ginniver-620

Operator Name, I.D.  
SCDDOC

Location

TICKET #3

AS IV Serial no: 043580  
Version no: 532C

TEST RECORD 00201

Temp Date Time 210L

VOID: RFI  
12 05/07/20 08:21

Subject Name  
TEST

Subject I.D.  
Ginniver-620

Operator Name, I.D.  
SCDDOC

Location

TICKET #4

ASIV S/N: 043580

TYPE II: Ginniver 620

DATE: 05/07/2020



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 306.111 through 306.119, 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

LAB-1 (6-10)

MO.890-0771 (8-10)

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**

