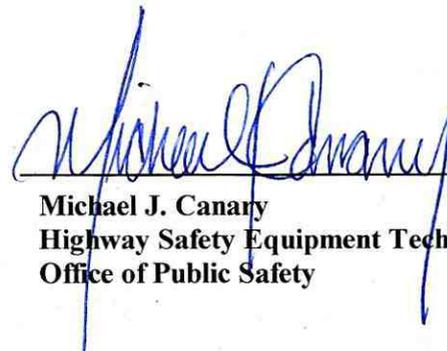


**BREATH SCREENING DEVICE
RECORD OF INSPECTION / MAINTENANCE / CALIBRATION**

Name of Submitting Agency: Lake George Park Commission
Manufacturer: INTOXIMETERS INC Model: ALCO-SENSOR FST
Serial Number: 043710
Date: March 11, 2020

Reference Solution Lot Number: 19281
Reference Solution Standard: 0.100 % at 34.00 degrees centigrade

Test No	Test Result	Simulator Temperature
1	0.100 %	34.00 degrees centigrade
2	0.100 %	34.00 degrees centigrade
3	0.099 %	34.00 degrees centigrade
4	0.099 %	34.00 degrees centigrade



Michael J. Canary
Highway Safety Equipment Technician
Office of Public Safety

**BREATH SCREENING DEVICE
RECORD OF INSPECTION / MAINTENANCE / CALIBRATION**

Name of Submitting Agency: Lake George Park Commission
Manufacturer: INTOXIMETERS INC
Model: ALCO-SENSOR FST
Serial Number: 043710
Date: March 11, 2020

1. General Appearance and condition of this device -----: OK

2. Check battery indicators -----: OK

3. Check zero flashing -----: OK

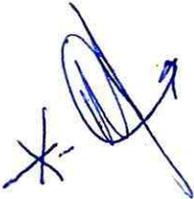


Division of Criminal
Justice Services

**4. Record any repairs made to this instrument and list services provided: VERIFIED
CALIBRATION**



Michael J. Canary
Highway Safety Equipment Technician
Office of Public Safety



SERVICE AUTHORIZATION FORM
 Highway Safety Technology Unit
 80 South Swan Street
 Albany, NY 12210
 Ph: 518-485-7636 / 518-402-0689
 Fax: 518-457-6869

THIS FORM IS USED TO AUTHORIZE THE DIVISION OF CRIMINAL JUSTICE SERVICES TO PERFORM SERVICE ON THE INSTRUMENT IDENTIFIED. THIS AUTHORIZATION MUST ACCOMPANY EACH PIECE OF EQUIPMENT WHEN IT IS PRESENTED TO THE EQUIPMENT REPAIR CENTER FOR SERVICE. **PLEASE SIGN AND DATE FORM.**

SECTION I - AGENCY INFORMATION

Name of Agency <i>Lake George Park Commission</i>		Today's Date <i>3-11-2020</i>
Address <i>75 Fort George Road</i>	City, State, ZIP <i>Lake George, N.Y. 12845</i>	
Contact Person <i>Lt. Joe Johns</i>	Contact Telephone <i>518-668-9347 / cell 518-354 1925</i>	
Contact Email <i>jjohns@lgpc.state.ny.us</i>	Best Way to Reach You During Appointment Period <i>Phone</i>	

SECTION II - INSTRUMENT INFORMATION

Instrument Manufacturer (Please Circle) NPAS DMT GUTH Applied Concepts(Stalker) Decatur(Genesis) Kustom(Eagle/Falcon) MPH <u>Alco-Sensor</u> Other:		
Model Number <i>Intoximeter F-000157-01 FST</i>	Instrument Serial Number <i>043710</i>	
Antenna Serial Number (if applicable) Antenna 1 - <i>N/A</i> Antenna 2 - <i>N/A</i>	Type of maintenance (check appropriate) <input checked="" type="checkbox"/> Calibration Check <input type="checkbox"/> Repair	
Brief Description of Malfunction		
List all parts, cables and/or accessories being submitted. Tuning forks must accompany all radar units (if applicable). (Please Circle)		
DMT/SIM: DMT SIM Tubes	Radar: Control Unit Antenna(s) Antenna Cable(s)	
Keyboard Other:	Power Cord Forks Other:	
I acknowledge I am signing this Service Authorization Form as an act and deed of said agency, organization, or municipality, and that I am duly authorized to sign same for the uses and purposes mentioned herein. PLEASE SIGN AND DATE.		
Signature <i>Lt. Joe Johns</i>	Date <i>3-11-2020</i>	

DCJS USE ONLY

<i>INT. TEST</i>	<i>LOT 19281</i>	<i>RE-ADJ.</i>
<i>0.095 @ 34.00°C</i>	<i>0.100 @ 34.00°C</i>	
	<i>0.100 @ 34.00°C</i>	
	<i>0.099 @ 34.00°C</i>	
	<i>0.099 @ 34.00°C</i>	