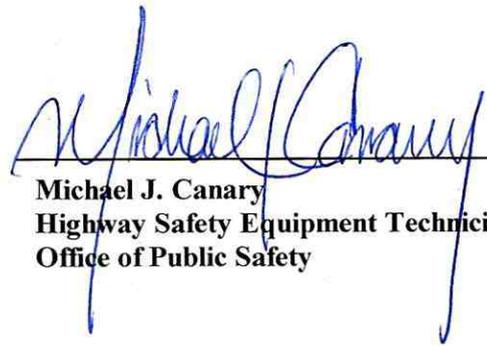


**BREATH SCREENING DEVICE
RECORD OF INSPECTION / MAINTENANCE / CALIBRATION**

Name of Submitting Agency: Lake George Park Commission
Manufacturer: INTOXIMETERS INC Model: ALCO-SENSOR FST
Serial Number: 043713
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	0.100 %	34.00 degrees centigrade
4	0.100 %	34.00 degrees centigrade



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

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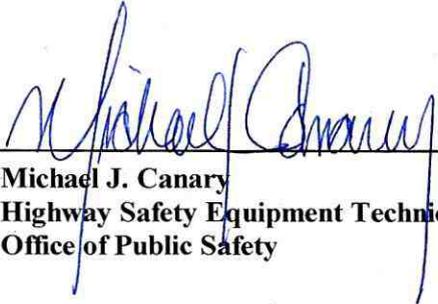
1. General Appearance and condition of this device -----: OK

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

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

**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 Rd.</i>		City, State, ZIP <i>Lake George, NY 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>Inboximeter F-000157-01 FST</i>	Instrument Serial Number <i>043713</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 Keyboard Other:	Radar: Control Unit Antenna(s) Antenna Cable(s) 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>INIT TEST</i>	<i>LOT 19281</i>	<i>RE ADJ.</i>
<i>0.096 @ 34.00°C</i>	<i>0.100 @ 34.00°C</i>	
	<i>0.100 @ 34.00°C</i>	
	<i>0.100 @ 34.00°C</i>	
	<i>0.100 @ 34.00°C</i>	