



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE

RECEIVED

REPORT #7

By Carol Day at 11:24 am, Jul 02, 2015

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 107986	PRINTER SN 099.3586.805	DATE OF INSPECTION 07/01/2015
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia		TIME OF INSPECTION 8:25 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.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG412701 EXP. DATE 05/07/2016

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)
 - 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
 - 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
 - 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .080 TEST 2 .080 TEST 3 .079

- RFI DETECTOR OPERATING

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) 2 (.10-.14) 1 (.15-.19) 0 (OVER .19) 2

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 Domenica P. Antimi
TYPE II PERMIT NUMBER/EXPIRATION DATE 250081 05/11/2017	TELEPHONE NUMBER (573) 875-1111

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



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

Certificate of Analysis

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

Test Date: 8-May-2014

Lot # AG412701

Exp. Date
 7-May-2016

Cyl. Type
 10B

Component
 Ethanol
 Nitrogen

Certified Concentration
 0.080 ± 0.002 BrAC (218 ppm)
 Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2014.05.08 12:12:39 -0500
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

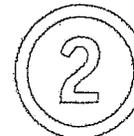
Analyst: _____

Rod Marsala
 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM



**PERMIT
 TYPE II**

DOMENICA P ANTIMI

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT, ALCO-SENSOR IV W/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 5/11/2015
 NUMBER 250081
 EXPIRES 5/11/2017

[Signature]
 DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

[Signature]
 DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00171

Temp Date Time ^{s/} 210L

Air Blank:
07/01/15 20:25 .000
Calibration Check:
22 07/01/15 20:25 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2121 County Dr.

Columbia

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00173

Temp Date Time ^{s/} 210L

Air Blank:
07/01/15 20:28 .000
Calibration Check:
23 07/01/15 20:28 .079

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2121 County Dr.

Columbia

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00172

Temp Date Time ^{s/} 210L

Air Blank:
07/01/15 20:26 .000
Calibration Check:
22 07/01/15 20:26 .000

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2121 County Dr

Columbia

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00174

Temp Date Time ^{s/} 210L

VOID: RFI
12 07/01/15 20:29

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2121 County Dr

Columbia