



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

RECEIVED
 By Carol Day at 8:09 am, Feb 03, 2016

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 107972	PRINTER SN 099.3586.824	DATE OF INSPECTION 02/02/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia	TIME OF INSPECTION 2:13 am
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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

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG434201</u> EXP. DATE <u>12/08/2016</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 .081	TEST 2 .081	TEST 3 .081
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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)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	1
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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 	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



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):

DATA MASTER, 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

MO-250-0771 (6-05)

Wanda
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB. # DR. 12:

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD

The named candidate is authorized to operate an evidential breath alcohol instrument or the determination of the alcoholic content in breath from or expired air in Missouri.

Operator: ANTHALL, DOMENICA
Permit No: 250081
Date Issued: 5/11/2015
Date Expires: 5/11/2017



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: 9-Dec-2014

Lot # AG434201

Exp. Date
8-Dec-2016

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.080 ± 0.002 BAC (218 ppm)
Balance

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

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010503	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: 2014.12.09 17:17:50 -0500
Location: Algas USA LLC (Lab)

Analyst:

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00184

Temp	Date	Time	a/ 210L
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Air Blank:
02/02/16 02:13 .000
Calibration Check:
19 02/02/16 02:13 .001

Subject Name

Subject I.D.

Operator Name, I.D.

Antoni 250081

Location

2111 County Dr.

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00186

Temp	Date	Time	a/ 210L
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Air Blank:
02/02/16 02:16 .000
Calibration Check:
20 02/02/16 02:16 .001

Subject Name

Subject I.D.

Operator Name, I.D.

Antoni 250081

Location

2111 County Dr

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00185

Temp	Date	Time	a/ 210L
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Air Blank:
02/02/16 02:15 .000
Calibration Check:
19 02/02/16 02:15 .001

Subject Name

Subject I.D.

Operator Name, I.D.

Antoni 250081

Location

2111 County Dr

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00187

Temp	Date	Time	a/ 210L
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VOID: RFI
12 02/02/16 02:17

Subject Name

Subject I.D.

Operator Name, I.D.

Antoni 250081

Location

2111 County Dr