



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 107972	PRINTER SN 099.3586.824	DATE OF INSPECTION 07/08/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia		TIME OF INSPECTION 9:40 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 # AG525701 EXP. DATE 09/14/2017
- 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 ← .098	TEST 2 ← .098	TEST 3 ← .099
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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)	1	(.15-.19)	0	(OVER .19)	0
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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



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

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2351 Craig Road
 St. Louis, Mo. 63146

Test Date: 15-Sep-2015

Lot # AG525701 Model 108cadd

Exp. Date	Cyl. Type	Component	Certified Concentration
14-Sep-2017	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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
EB0010581	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDR

Prohibitory Notice: This is a Private Document. It is not to be distributed or made available to the public in any form.

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 508.111 through 508.119 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

40-10001-01-000

1441-40-100

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD
 The owner of this card is authorized to operate an instrument that is used to determine the alcohol content of the breath of a driver or operator of a motor vehicle.

 Operated by: ANTIMI, DOMENICA
 Permit No: 250081
 Date Issued: 5/11/2015 Date Expires: 5/11/2017

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00231

Temp	Date	Time	s/ 210L
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Air Blank:
07/08/16 21:40 .000
Calibration Check:
40 07/08/16 21:40 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr

Columbia

AS IV Serial no: 107972
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00233

Temp	Date	Time	s/ 210L
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Air Blank:
07/08/16 21:49 .000
Calibration Check:
37 07/08/16 21:49 .099

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr

Columbia

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00232

Temp	Date	Time	s/ 210L
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Air Blank:
07/08/16 21:42 .000
Calibration Check:
40 07/08/16 21:42 .098

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr

Columbia

AS IV Serial no: 107972
Version no: 532B

TEST RECORD 00234

Temp	Date	Time	s/ 210L
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VOID: RFI
12 07/08/16 21:51

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr

Columbia