



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 107986	PRINTER SN 099.3586.805	DATE OF INSPECTION 02/02/2016
-----------------------------	----------------------------	----------------------------------

LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia	TIME OF INSPECTION 2:23 am
--	-------------------------------

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)

- 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 ➔ .081	TEST 2 ➔ .080	TEST 3 ➔ .080
---------------	---------------	---------------

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

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

2

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 DMF, 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-556-0771 (6-13)

Wanda
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

L.S. & G.C. 18:

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 for the determination of the alcoholic content of breath from or expired air in Missouri.

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

AIRgas

Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63108
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

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
EB0010581	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 17:25:05 -0500
Reason: I agree with the session of analysis
Location: Aligent USA LLC (Lab)

Analyst:

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00233

Temp Date Time ^{9/} 210L

Air Blank:
02/02/16 02:23 .000
Calibration Check:
20 02/02/16 02:23 .081

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00235

Temp Date Time ^{9/} 210L

Air Blank:
02/02/16 02:26 .000
Calibration Check:
21 02/02/16 02:26 .080

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00234

Temp Date Time ^{9/} 210L

Air Blank:
02/02/16 02:24 .000
Calibration Check:
21 02/02/16 02:24 .080

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr

AS IV Serial no: 107986
Version no: 532B

TEST RECORD 00236

Temp Date Time ^{9/} 210L

VOID: RFI
12 02/02/16 02:27

Subject Name

Subject I.D.

Operator Name, I.D.

Antimi 250081

Location

2111 County Dr