



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 111333	PRINTER SN 099.3586.616	DATE OF INSPECTION 05/04/2016
LOCATION OF INSTRUMENT (STREET AND CITY) 2111 County Drive Columbia		TIME OF INSPECTION 2:36 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**

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  .099	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)	1	(.10-.14)	0	(.15-.19)	0	(OVER .19)	2
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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 Barmarck Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7325

**Certificate of Analysis**

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2051 Craig Road  
 St. Louis, Mo. 63146

**Test Date:** 15-Sep-2015

Lot # AG525701 Model 108caed

Exp. Date	Cyl. Type	Component	Certified Concentration
14-Sep-2017	103	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	392.3 ppm
EB0010570	259.8 ppm	EB0010599	258.9 ppm
EB0010295	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010575	52.94 ppm

**Analytical Method:** NDIR

Nothing should be done with this instrument until it has been calibrated and checked for accuracy. Please refer to the instruction manual for details.

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**

A 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 a specimen of exhaled air. Permit issued under the provisions of sections 577.070 through 577.081, RSMo and 306.111 through 306.119 RSMo.

DATE: 5/11/2015

NUMBER: 1500951

EXPIRES: 5/11/2017

Mark W. Volz  
 DIRECTOR OF STATE PUBLIC HEALTH SERVICES  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 1444 ANTON

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

**INSTRUMENT OPERATOR CARD**

The purpose of this card is to ensure that only qualified operators are permitted to use the breath alcohol instrument.

Operator: ANTIMI, DOMENICA  
 Permit No: 1500951  
 Data Device ID: 110215 Date Expires: 5/11/2017

AS IV Serial no: 111333  
Version no: 532B

TEST RECORD 00065

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
05/04/16 02:39 .000  
Calibration Check:  
18 05/04/16 02:39 .099

Subject Name

Subject I.D.

Operator Name, I.D.

*Antimi 250081*

Location

*2111 County Dr*

AS IV Serial no: 111333  
Version no: 532B

TEST RECORD 00066

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 05/04/16 02:40

Subject Name

Subject I.D.

Operator Name, I.D.

*Antimi 250081*

Location

*2111 County Dr*

AS IV Serial no: 111333  
Version no: 532B

TEST RECORD 00063

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
05/04/16 02:36 .000  
Calibration Check:  
16 05/04/16 02:36 .098

Subject Name

Subject I.D.

Operator Name, I.D.

*Antimi 250081*

Location

*2111 County Dr*

AS IV Serial no: 111333  
Version no: 532B

TEST RECORD 00064

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
05/04/16 02:38 .000  
Calibration Check:  
17 05/04/16 02:38 .099

Subject Name

Subject I.D.

Operator Name, I.D.

*Antimi 250081*

Location

*2111 County Dr*