



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Tracy Crews at 9:13 am, Jun 10, 2024

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 111745	NAME OF AGENCY Ashland PD - BCSO	DATE OF INSPECTION 06/06/2024
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LOCATION OF INSTRUMENT (STREET AND CITY) 101 W Broadway, Ashland	TIME OF INSPECTION 10:50 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

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER INTOXIMETERS LOT # AG309502 EXP. DATE 04/05/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIM. SN _____ SIM. NIST 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 .096

TEST 2 .095

TEST 3 .096

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)	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).

INSTRUMENT OPERATING SATISFACTORILY AND WITHIN ESTABLISHED LIMITS.

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Domenica Antimi
TYPE II PERMIT NUMBER/EXPIRATION DATE 230222, 10/19/2025	TELEPHONE NUMBER (573) 875-1111

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00240

Temp Date Time ^{s/} 210L

Air Blank:
06/06/24 10:52 .000
Calibration Check:
23 06/06/24 10:52 .096

Subject Name

Test 1

Subject I.D.

Operator Name, I.D.

Antimi 230222

Location

APD

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00241

Temp Date Time ^{s/} 210L

Air Blank:
06/06/24 10:54 .000
Calibration Check:
23 06/06/24 10:54 .095

Subject Name

Test 2

Subject I.D.

Operator Name, I.D.

Antimi 230222

Location

APD

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00242

Temp Date Time ^{s/} 210L

Air Blank:
06/06/24 10:55 .000
Calibration Check:
23 06/06/24 10:55 .096

Subject Name

Test 3

Subject I.D.

Operator Name, I.D.

Antimi 230222

Location

APD

AS IV Serial no: 111745
Version no: 532B

TEST RECORD 00243

Temp Date Time ^{s/} 210L

VOID: RFI
12 06/06/24 10:58

Subject Name

RFI Test

Subject I.D.

Operator Name, I.D.

Antimi 230222

Location

APD



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):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

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 10/19/2023

NUMBER 230222

EXPIRES 10/19/2025

Mike Mason

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dave J. Nicholson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator ANTIMI, DOMENICA
 Permit No 230222
 Date Issued 10/19/2023 Date Expires 10/19/2025

