



ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED

Complete this report in duplicate at the time of the regular monthly preventative maintenance check. Send copy to Department of Health and Senior Services; retain original in department file.

By Carol Day at 1:29 pm, Nov 13, 2014

ALCO SENSOR IV SN <u>062092</u>	PRINTER SN <u>03A.2436.036</u>	DATE OF INSPECTION <u>11/02/2014</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>3310 NE. RENNAU DR., LEE'S SUMMIT, MO - 64064</u>		TIME OF INSPECTION <u>2036</u>

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.

<input checked="" type="checkbox"/> DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
<input checked="" type="checkbox"/> TEMPERATURE OF ALCO SENSOR (10°C - 40°C) <u>21°C</u>
<input checked="" type="checkbox"/> PRINTER WORKING PROPERLY
<input checked="" type="checkbox"/> TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input checked="" type="checkbox"/> SIMULATOR SOLUTION	<input type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>REPCO MARKETING</u> LOT # <u>13002</u> EXP. DATE <u>06/19/2015</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C) <u>34.0°C</u> SIMULATOR SN <u>SD3329</u> SIMULATOR EXP DATE <u>10/16/2015</u>	

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 checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input 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 <u>.095</u>	TEST 2 <u>.098</u>	TEST 3 <u>.098</u>
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RFI DETECTOR OPERATING

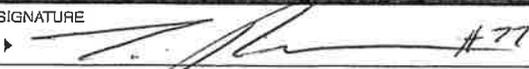
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <u>0</u>	(0-.04) <u>1</u>	(.05-.09) <u>0</u>	(.10-.14) <u>1</u>	(.15-.19) <u>0</u>	(OVER .19) <u>0</u>
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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 MEETS DOHSS STANDARDS AND GUIDELINES

INSPECTING OFFICER

SIGNATURE 	PRINT NAME <u>T. HERRMANN</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>#230202</u> <u>09/19/2015</u>	TELEPHONE NUMBER <u>(816) - 524-4302</u>

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

AS IV Serial no: 062092
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00103
Temp Date Time 210L
a/

Air Blank:
11/02/14 20:36 .000
Calibration Check:
21 11/02/14 20:36 .095

Subject Name

MONTHLY CERT

Subject I.D.

HERRMANN #77

Operator Name: I.D.

#230202 09/19/15
Location

3310 NE RENNANDR.

LEE'S SUMMIT, MO

AS IV Serial no: 062092
Version no: 532B

TEST RECORD - REPRINT

TEST RECORD 00104
Temp Date Time 210L
a/

Air Blank:
11/02/14 20:39 .000
Calibration Check:
22 11/02/14 20:39 .098

Subject Name

MONTHLY CERT

Subject I.D.

HERRMANN #77

Operator Name: I.D.

#230202 09/19/15
Location

3310 NE RENNANDR.

LEE'S SUMMIT, MO

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 00105

Temp Date Time 210L
a/

Air Blank:
11/02/14 20:41 .000
Calibration Check:
23 11/02/14 20:41 .098

Subject Name

MONTHLY CERT

Subject I.D.

HERRMANN #77

Operator Name: I.D.

#230202 09/19/15
Location

3310 NE RENNANDR.

LEE'S SUMMIT, MO

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 00106

Temp Date Time 210L
a/

VOID: RFI
12 11/02/14 20:43

Subject Name

MONTHLY CERT

Subject I.D.

HERRMANN #77

Operator Name: I.D.

#230202 09/19/15
Location

3310 NE RENNANDR.

LEE'S SUMMIT, MO

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 13002

EXPIRATION DATE: June 19, 2015 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is June 20, 2013
The expiration date for this lot number is June 19, 2015 at
11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President
RepCo Marketing, Inc.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19 CSR 25-30.051 (4).

Checked: 10/16/2014 Expires: 10/16/2015
Digital Therm. SN:093752
MSC Tech: DRL Temp:34.00
Agency: Jackson County SO
SD 2266



Technician Printed Name: DAN LUCAS

Technician Signature: [Handwritten Signature]

Date: 10/16/2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834



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

2

**PERMIT
 TYPE II**

TRAVIS HERRMANN

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

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 9/19/2013

NUMBER 230202

EXPIRES 9/19/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

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 HERRMANN, TRAVIS
 Permit No 230202
 Date Issued 9/19/2013 Date Expires 9/19/2015