MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED
By Carol Day at 10:06 am, Sep 09, 2015

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

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
062087	03A.2436.034	09/08/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
4001 Lakewood Ct., Lee's Summit, Mo - 64064	7:11 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) 26°C
- ☑ PRINTER WORKING PROPERLY
- ☑ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☑ STANDARD SUPPLIER Intoximeters LOT # AG428002 EXP. DATE 10/07/2016

☐ 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 ☛	TEST 2 ☛	TEST 3 ☛
.097	.097	.097

☑ 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-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
2	0	4	0	1	2

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
▸	T. Herrmann
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
#250187 08/18/2017	(816) 524-4302

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 00241

Temp	Date	Time	9/ 210L

Air Blank:
09/08/15 19:11 .000
Calibration Check:
26 09/08/15 19:11 .097

Subject Name
HERRMANN #77
Subject I.D.
MONTHLY CERT
Operator Name, I.D.
#250187 08/18/17
Location
4001 LAKEWOOD CT
LEE'S SUMMIT, MO

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 00242

Temp	Date	Time	9/ 210L

Air Blank:
09/08/15 19:14 .000
Calibration Check:
27 09/08/15 19:14 .097

Subject Name
HERRMANN #77
Subject I.D.
MONTHLY CERT
Operator Name, I.D.
#250187 08/18/17
Location
4001 LAKEWOOD CT
LEE'S SUMMIT, MO

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 00243

Temp	Date	Time	9/ 210L

Air Blank:
09/08/15 19:16 .000
Calibration Check:
27 09/08/15 19:16 .097

Subject Name
HERRMANN #77
Subject I.D.
MONTHLY CERT
Operator Name, I.D.
#250187 08/18/17
Location
4001 LAKEWOOD CT
LEE'S SUMMIT, MO

AS IV Serial no: 062087
Version no: 532B

TEST RECORD 00244

Temp	Date	Time	9/ 210L

VOID: RFI
12 09/08/15 19:18

Subject Name
HERRMANN #77
Subject I.D.
MONTHLY CERT
Operator Name, I.D.
#250187 08/18/17
Location
4001 LAKEWOOD CT
LEE'S SUMMIT, MO

COMPRESSED GAS, N.O.S.

(ETHANOL, NITROGEN)

2.2 UN 1956

CAUTION: HIGH PRESSURE GAS. CAN CAUSE RAPID SUFFOCATION. Store and use with adequate ventilation. Use equipment rated for cylinder pressure. Close valve after each use and when empty. Use in accordance with the **Material Safety data Sheet. FIRST AID: IF INHALED** remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Call a physician. DO NOT REMOVE THIS PRODUCT LABEL.

Altitude correction chart - Altitude in FEET; Standard value in BrAC

ALTITUDE VALUE	ALTITUDE VALUE	ALTITUDE VALUE
0 - 0.100	2500 - 0.091	5250 - 0.082
250 - 0.099	2750 - 0.090	5750 - 0.081
500 - 0.098	3250 - 0.089	6000 - 0.080
750 - 0.097	3500 - 0.088	6250 - 0.079
1000 - 0.096	3750 - 0.087	6750 - 0.078
1500 - 0.095	4000 - 0.086	7000 - 0.077
1750 - 0.094	4500 - 0.085	7250 - 0.076
2000 - 0.093	4750 - 0.084	7750 - 0.075
2250 - 0.092	5000 - 0.083	8000 - 0.074

0.100 BrAC at Sea Level. If your Intoximeters tank is moved from one location to another and there is MORE THAN A 250 FOOT ELEVATION CHANGE, first determine the new elevation from the left column. Then move across the line to the right hand column to determine the new value of your Intoximeters tank.

Airgas

Part 22-0770-00
Lot AG428002
Tank 034
Exp: 07 Oct 2016

Intoximeters

0.100 BrAC

Dry Gas Standard
(Ethanol, Balance Nitrogen)

C

Ethanol content equivalent to: **0.100 ± 2% BrAC (272 ppm)**

at Sea Level (pressure of 760 mm of Hg) when used with Intoximeters products.

See altitude chart, or use a TRUE-CAL for conversion

Certification: Traceable to N.I.S.T. RGM Ethanol Standards

CONTENTS: 108 LITERS @ 1200 psig @ 70 F°

For ordering information, Contact:

Intoximeters

2081 Craig Road
Saint Louis, MO 63146
Phone: (314) 429-4000
Fax: (314) 429-4170

DEV CODE
LRPIBL

Expiration Date: 07 Oct 2016

Part No. 22-0770-00 Lot No. AG428002 Tank No. 034

Certificate of Analysis available online: www.intox.com/COA *True-Trace™*

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

2

PERMIT

TYPE II

TRAVIS M 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 8/18/2015

NUMBER 250187

EXPIRES 8/18/2017

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

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 250187
Date Issued 8/18/2015 **Date Expires** 8/18/2017