MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

RECEIVED
By Brian Lutmer at 9:20 am, Jan 16, 2015

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	PRINTER SN	DATE OF INSPECTION
062092	03A.2436.036	01/11/2015
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION
3310 NE RENNAU DR., LEE'S SUMMIT, MO-64064		2214

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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- [x] PRINTER WORKING PROPERLY
- [x] TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- [ ] SIMULATOR SOLUTION
- [x] COMPRESSED ETHANOL-GAS MIXTURE

- [x] STANDARD SUPPLIER INTOXIMETERS LOT # AG428002 EXP. DATE 10/07/2016

- [ ] SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

- [x] 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)
  - [x] 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
.103	.102	.102

- [x] 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)
Ø	Ø	Ø	Ø	Ø	Ø

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
#77	T. HERRMANN
TYPE II PERMIT NUMBER/EXPIRATION DATE	TELEPHONE NUMBER
#230202 09/19/2015	(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: 062092
Version no: 532B

TEST RECORD 00128

Temp	Date	Time	9/ 210L
Air Blank:			
	01/11/15	22:14	.000
Calibration Check:			
15	01/11/15	22:14	.103

Subject Name
MONTHLY CERT
Subject I.D.
HERRMANN #77
Operator Name, I.D.
#230202 09/19/15
Location
3310 NE RENNAU DR
LEE'S SUMMIT, MO

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 00129

Temp	Date	Time	9/ 210L
Air Blank:			
	01/11/15	22:16	.000
Calibration Check:			
17	01/11/15	22:16	.102

Subject Name
MONTHLY CERT
Subject I.D.
HERRMANN #77
Operator Name, I.D.
#230202 09/19/15
Location
3310 NE RENNAU DR.
LEE'S SUMMIT, MO

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 00130

Temp	Date	Time	9/ 210L
Air Blank:			
	01/11/15	22:19	.000
Calibration Check:			
18	01/11/15	22:19	.102

Subject Name
MONTHLY CERT
Subject I.D.
HERRMANN #77
Operator Name, I.D.
#230202 09/19/15
Location
3310 NE RENNAU DR.
LEE'S SUMMIT, MO

AS IV Serial no: 062092
Version no: 532B

TEST RECORD 00131

Temp	Date	Time	9/ 210L
VOID: RFI			
12	01/11/15	22:21	

Subject Name
MONTHLY CERT
Subject I.D.
HERRMANN #77
Operator Name, I.D.
#230202 09/19/15
Location
3310 NE RENNAU DR
LEE'S SUMMIT, MO

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

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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