



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 062087	PRINTER SN 03A.2436.034	DATE OF INSPECTION 03/09/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo -064064	TIME OF INSPECTION 7:29 pm
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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) *21°C*
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG600501</u> EXP. DATE <u>01/05/2018</u>
<input type="checkbox"/> 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 <i>☛</i> .102	TEST 2 <i>☛</i> .102	TEST 3 <i>☛</i> .101
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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	4	(0-.04)	0	(.05-.09)	0	(.10-.14)	2	(.15-.19)	1	(OVER .19)	1
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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 all DOHSS standards and guidelines.

INSPECTING OFFICER

SIGNATURE <i>T. Herrmann</i>	PRINT NAME T. Herrmann
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TYPE II PERMIT NUMBER/EXPIRATION DATE #250187 08/18/2017	TELEPHONE NUMBER (816) 524-4302
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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: 062087
Version no: 532B

TEST RECORD 00322 s/
Temp Date Time 210L

Air Blank: 03/09/16 19:29 .000
Calibration Check: 21 03/09/16 19:29 .102

Subject Name MONTHLY CEECT
Subject I.D. HERMANN 77
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 00323 s/
Temp Date Time 210L

Air Blank: 03/09/16 19:31 .000
Calibration Check: 22 03/09/16 19:31 .102

Subject Name MONTHLY CEECT
Subject I.D. HERMANN 77
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 00324 s/
Temp Date Time 210L

Air Blank: 03/09/16 19:34 .000
Calibration Check: 24 03/09/16 19:34 .101

Subject Name MONTHLY CEECT
Subject I.D. HERMANN 77
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 00325 s/
Temp Date Time 210L

VOID: RFI 12 03/09/16 19:35

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



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

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**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



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