



**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 097411	PRINTER SN 03A.2436.096	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 6:25 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) *22°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> .101	TEST 2 <i>☛</i> .100	TEST 3 <i>☛</i> .100
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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	1	(0-.04)	0	(.05-.09)	1	(.10-.14)	1	(.15-.19)	4	(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 meets all DOHSS standards and guidelines.

**INSPECTING OFFICER**

SIGNATURE 	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: 097411  
Version no: 532B

TEST RECORD 00272 s/  
Temp Date Time 210L

Air Blank: 03/09/16 18:25 .000  
Calibration Check: 22 03/09/16 18:25 .101

Subject Name

MONTHLY CERT

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: 097411  
Version no: 532B

TEST RECORD 00273 s/  
Temp Date Time 210L

Air Blank: 03/09/16 18:27 .000  
Calibration Check: 23 03/09/16 18:27 .100

Subject Name

MONTHLY CERT

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: 097411  
Version no: 532B

TEST RECORD 00274 s/  
Temp Date Time 210L

Air Blank: 03/09/16 18:29 .000  
Calibration Check: 25 03/09/16 18:29 .100

Subject Name

MONTHLY CERT

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: 097411  
Version no: 532B

TEST RECORD 00275 s/  
Temp Date Time 210L

VOID: RFI  
12 03/09/16 18:30

Subject Name

MONTHLY CERT

Subject I.D.

HERMANN 77

Operator Name, I.D.

250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S SUMMIT, MO



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

Exclusive Supplier  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 5-Jan-2016

**Lot #** AG600501 **Model** 108cacd

**Exp. Date**

5-Jan-2018

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0.100 ± 2% BrAC (272 ppm)  
Balance

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

**Serial No.**

EB0010581  
EB0010570  
EB0010285  
EB0010561  
EB0010681

**Concentration**

391.8 ppm  
259.8 ppm  
209.0 ppm  
103.7 ppm  
52.22 ppm

**Serial No.**

EB0010603  
EB0010559  
EB0010595  
EB0010562  
EB0010579

**Concentration**

392.5 ppm  
258.9 ppm  
208.9 ppm  
104.9 ppm  
52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2016.01.05 16:10:04 -06:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



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

MO 680-0771 (8-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

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