



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT #7

RECEIVED

By Carol Day at 5:39 am, Aug 17, 2016

Complete this report in duplicate at the time of the regular monthly preventive maintenance inspection. If 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 08/16/2016 |
|-----------------------------|----------------------------|----------------------------------|

| | |
|--|-------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo -064064 | TIME OF INSPECTION 6:40 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) 36°C
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

- SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER Intoximeters LOT # AG600501 EXP. DATE 01/05/2018
- 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 ➔ .095 | TEST 2 ➔ .095 | TEST 3 ➔ .096 |
|---------------|---------------|---------------|

- 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 | 3 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 2 | (OVER .19) | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|------------|---|

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 |
| TYPE II PERMIT NUMBER/EXPIRATION DATE #250187 08/18/2017 | TELEPHONE NUMBER (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

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 00338 ^{s/}
Temp Date Time 210L

Air Blank: 08/16/16 18:40 .000
Calibration Check: 36 08/16/16 18:40 .095

Subject Name

MONTHLY CETY

Subject I.D.

HETTMANN 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 00339 ^{s/}
Temp Date Time 210L

Air Blank: 08/16/16 18:42 .000
Calibration Check: 36 08/16/16 18:42 .095

Subject Name

MONTHLY MAINT.

Subject I.D.

HETTMANN 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 00340 ^{s/}
Temp Date Time 210L

Air Blank: 08/16/16 18:44 .000
Calibration Check: 35 08/16/16 18:44 .096

Subject Name

MONTHLY MAINT.

Subject I.D.

HETTMANN 77

Operator Name, I.D.

4001 LAKEWOOD CT.

Location

LEE'S SUMMIT, MO

250187 08/18/17

AS IV Serial no: 097411
Version no: 532B

TEST RECORD 00342 ^{s/}
Temp Date Time 210L

VOID: RFI
12 08/16/16 18:47

Subject Name

MONTHLY MAINT.

Subject I.D.

HETTMANN 77

Operator Name, I.D.

4001 LAKEWOOD CT.

Location

LEE'S SUMMIT, MO

250187 08/18/17



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

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|---------------------|--------------------------------------|
| 5-Jan-2018 | 108 | Ethanol Nitrogen | 0.100 ± 2% BrAC (272 ppm) Balance |

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

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| EB0010581 | 391.8 ppm | EB0010603 | 392.5 ppm |
| EB0010570 | 259.8 ppm | EB0010559 | 258.9 ppm |
| EB0010285 | 209.0 ppm | EB0010595 | 208.9 ppm |
| EB0010561 | 103.7 ppm | EB0010562 | 104.9 ppm |
| EB0010681 | 52.22 ppm | EB0010579 | 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

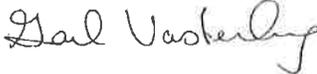
NUMBER 250187

EXPIRES 8/18/2017

MO 580-0771 (6-10)



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