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 8:33 am, Jan 06, 2016

Complete this report in duplicate at the time of the regular monthly [illegible] when the 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 |
|---|---|---|
| 097426 | 03A.2436.098 | 01/05/2016 |

| LOCATION OF INSTRUMENT (STREET AND CITY) | TIME OF INSPECTION |
|---|---|
| 4001 NE Lakewood Way Ct., Lee's Summit, Mo -064064 | 7:28 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.

- [x] DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- [x] TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 14°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 ☛ |
|---|---|---|
| .105 | .103 | .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) |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 1 | 2 | 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 all 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: 097426
Version no: 532B

TEST RECORD 00276

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| Air Blank: | | | |
| | 01/05/16 | 19:28 | .000 |
| Calibration Check: | | | |
| 14 | 01/05/16 | 19:28 | .105 |

Subject Name
MONTHLY CERT

Subject I.D.
HERRMANN 77

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD WAY

LEE'S SUMMIT, MO

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 00277

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| Air Blank: | | | |
| | 01/05/16 | 19:31 | .000 |
| Calibration Check: | | | |
| 15 | 01/05/16 | 19:31 | .102 |

Subject Name
MONTHLY CERT

Subject I.D.
HERRMANN 77

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD WAY CT

LEE'S SUMMIT, MO

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 00278

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| Air Blank: | | | |
| | 01/05/16 | 19:33 | .000 |
| Calibration Check: | | | |
| 2 | 01/05/16 | 19:33 | .102 |

Subject Name
MONTHLY CERT

Subject I.D.
HERRMANN 77

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD CT

LEES SUMMIT, MO

AS IV Serial no: 097426
Version no: 532B

TEST RECORD 00279

| Temp | Date | Time | g/ 210L |
|---|---|---|---|
| VOID RBL | | | |
| 12 | 01/05/16 | 19:34 | |

Subject Name
MONTHLY CERT

Subject I.D.
HERRMANN 77

Operator Name, I.D.
#250187 08/18/17

Location
4001 LAKEWOOD CT

LEES SUMMIT, MO

# 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

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*™