



**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 097426	PRINTER SN 03A.2436.098	DATE OF INSPECTION 04/05/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo -064064	TIME OF INSPECTION 7:19 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) 20°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  .097	TEST 2  .098	TEST 3  .098
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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)	4	(.15-.19)	1	(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
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: 097426  
Version no: 532B

TEST RECORD 00331

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
04/05/16 19:19 .000  
Subject Test: Man  
20 04/05/16 19:19 .097

Subject Name

MONTHLY LETCT

Subject I.D.

HERZMANN 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 00332

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
04/05/16 19:21 .000  
Subject Test: Man  
20 04/05/16 19:21 .098

Subject Name

MONTHLY LETCT

Subject I.D.

HERZMANN 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 - REPRINT

TEST RECORD 00333

Temp Date Time <sup>a/</sup> 210L

Air Blank:  
04/05/16 19:23 .000  
Subject Test: Man  
21 04/05/16 19:23 .098

Subject Name

MONTHLY LETCT

Subject I.D.

HERZMANN 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 00334

Temp Date Time <sup>a/</sup> 210L

VOID: RFI  
12 04/05/16 19:26

Subject Name

MONTHLY LETCT

Subject I.D.

HERZMANN 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



**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



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	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	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