



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**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<br>097426  | PRINTER SN<br>03A.2436.098 | DATE OF INSPECTION<br>04/12/2016 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>4001 NE Lakewood Way Ct., Lee's Summit, Mo -064064 |                            | TIME OF INSPECTION<br>8:17 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) 23°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 <u>.097</u> | TEST 2 <u>.099</u> | TEST 3 <u>.100</u> |
|--------------------|--------------------|--------------------|

- 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) | 1 | (.05-.09) | 1 | (.10-.14) | 4 | (.15-.19) | 1 | (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<br>   | PRINT NAME<br>T. Herrmann          |
| TYPE II PERMIT NUMBER/EXPIRATION DATE<br>#250187 08/18/2017 | TELEPHONE NUMBER<br>(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 00339

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:  
04/12/16 20:17 .000  
Calibration Check:  
23 04/12/16 20:17 .097

Subject Name

MONTHLY LETT

Subject I.D.

HETZMANN TT

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 00340

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:  
04/12/16 20:20 .000  
Calibration Check:  
23 04/12/16 20:20 .099

Subject Name

MONTHLY LETT

Subject I.D.

HETZMANN TT

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 00341

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

Air Blank:  
04/12/16 20:23 .000  
Calibration Check:  
24 04/12/16 20:23 .100

Subject Name

MONTHLY LETT

Subject I.D.

HETZMANN TT

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 00342

| Temp | Date | Time | s/<br>210L |
|------|------|------|------------|
|------|------|------|------------|

VOID: RFI  
12 04/12/16 20:24

Subject Name

MONTHLY LETT

Subject I.D.

HETZMANN TT

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

MO 580-0771 (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



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** 108cacc

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