

RECEIVED

By Carol Day at 10:55 am, May 16, 2016



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 <b>097426</b>	PRINTER SN <b>03A.2436.098</b>	DATE OF INSPECTION <b>05/10/2016</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>4001 LAKEWOOD CT., LEE'S SUMMIT, MO-64064</b>		TIME OF INSPECTION <b>20:40</b>

**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) **27° C**
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

- SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE
- STANDARD SUPPLIER **AIRGAS** LOT # **AGL00501** 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 <b>0.099</b>	TEST 2 <b>0.100</b>	TEST 3 <b>0.100</b>
---------------------	---------------------	---------------------

- 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 <b>4</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>3</b>	(.15-.19) <b>0</b>	(OVER .19) <b>0</b>
-------------------	------------------	--------------------	--------------------	--------------------	---------------------

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 + GUIDELINES.**

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME <b>(816)-524-4302</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>#250187 08/18/2017</b>	TELEPHONE NUMBER <b>T. HETERMANN</b>

**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 00363

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

Air Blank:  
05/10/16 20:40 .000  
Calibration Check:  
27 05/10/16 20:40 .099

Subject Name

MONTHLY CECT

Subject I.D.

HERRMANN #77

Operator Name, I.D.

250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 097426  
Version no: 532B

TEST RECORD 00364

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

Air Blank:  
05/10/16 20:43 .000  
Calibration Check:  
27 05/10/16 20:43 .100

Subject Name

MONTHLY CECT

Subject I.D.

HERRMANN #77

Operator Name, I.D.

250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 097426  
Version no: 532B

TEST RECORD 00365

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

Air Blank:  
05/10/16 20:45 .000  
Calibration Check:  
28 05/10/16 20:45 .100

Subject Name

MONTHLY CECT

Subject I.D.

HERRMANN #77

Operator Name, I.D.

250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 097426  
Version no: 532B

TEST RECORD 00366

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

VOID: RFI  
12 05/10/16 20:47

Subject Name

MONTHLY CECT

Subject I.D.

HERRMANN #77

Operator Name, I.D.

250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S 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 (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

