



**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 111659	PRINTER SN 09B.3589.478	DATE OF INSPECTION 05/04/2016
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LOCATION OF INSTRUMENT (STREET AND CITY) 4001 NE Lakewood Way Ct., Lee's Summit, Mo -064064	TIME OF INSPECTION 8:37 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)

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 ➔ .098

TEST 2 ➔ .098

TEST 3 ➔ .098

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	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(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. \*Placed in service\*

**INSPECTING OFFICER**

SIGNATURE	PRINT NAME T. Herrmann
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TYPE II PERMIT NUMBER/EXPIRATION DATE #250187 08/18/2017	TELEPHONE NUMBER (816) 524-4302
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**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: 111659  
Version no: 532B

TEST RECORD 00005

Temp	Date	Time	g/ 210L
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Air Blank:  
05/04/16 20:37 .000  
Calibration Check:  
23 05/04/16 20:37 .098

Subject Name

MONTHLY CERT

Subject I.D.

HERDMANN #77

Operator Name, I.D.

#250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 111659  
Version no: 532B

TEST RECORD 00006

Temp	Date	Time	g/ 210L
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Air Blank:  
05/04/16 20:39 .000  
Calibration Check:  
23 05/04/16 20:39 .098

Subject Name

MONTHLY CERT

Subject I.D.

HERDMANN #77

Operator Name, I.D.

#250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 111659  
Version no: 532B

TEST RECORD 00007

Temp	Date	Time	g/ 210L
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Air Blank:  
05/04/16 20:40 .000  
Calibration Check:  
24 05/04/16 20:40 .098

Subject Name

MONTHLY CERT

Subject I.D.

HERDMANN #77

Operator Name, I.D.

#250187 08/18/17

Location

4001 LAKEWOOD CT.

LEE'S SUMMIT, MO

AS IV Serial no: 111659  
Version no: 532B

TEST RECORD 00008

Temp	Date	Time	g/ 210L
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VOID: RFI  
12 05/04/16 20:41

Subject Name

MONTHLY CERT

Subject I.D.

HERDMANN #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

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**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

MD 580-0771 (8-10)

LAB-4 (R8-10)



**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

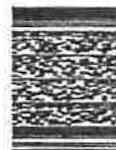
ALTITUDE VALUE	ALTITUDE VALUE	ALTITUDE VALUE
0 - 0.100	2500 - 0.091	5250 - 0.082
250 - 0.099	2750 - 0.090	5750 - 0.081
500 - 0.098	3250 - 0.089	6000 - 0.080
750 - 0.097	3500 - 0.088	6250 - 0.079
1000 - 0.096	3750 - 0.087	6750 - 0.078
1500 - 0.095	4000 - 0.086	7000 - 0.077
1750 - 0.094	4500 - 0.085	7250 - 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



Dry Gas Standard  
(Ethanol, Balance Nitrogen)

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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](http://www.Intox.com/COA) True-Trace™